



PERSONAL DECLARATION FORM III

This form should be completed and returned with the necessary supporting documents under
CONFIDENTIAL cover to:

**THE DIRECTOR OF ENFORCEMENT
BETTING GAMING AND LOTTERIES COMMISSION
78cef HAGLEY PARK ROAD
KINGSTON 10, JAMAICA
TEL: (876) 630-1357**

BETTING, GAMING AND LOTTERIES COMMISSION**PERSONAL DECLARATION FORM III**

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(PLEASE STATE FULL NAME OF INDIVIDUAL MAKING THE APPLICATION)

PART A: GENERAL NOTES AND INFORMATION

1. A Personal Declaration Form III should be completed by persons who are desirous of becoming:
 - a) a gaming machine owner/operator
 - b) an agent or franchisee of permit holder or licensee
 - c) a manager or supervisor for a permit holder or licensee
 - d) a Technical Service Provider
 - e) the Commission determines any other significant involvement with the activities of the applicant/licensed company.
2. The completed Personal Declaration Form should accompany all applications for licensing when your proposals are submitted to the Betting, Gaming and Lotteries Commission.
3. Discovery of any material falsification or omission of any information required in this Personal Declaration Form could cause refusal to grant a license or approval, or if this discovery is made subsequent to the grant of a license or approval, such license or approval may be suspended or revoked by the Commission.
4. Any material change to the information or particulars given in this Form should be notified to the Betting, Gaming and Lotteries Commission within seven (7) days of such change.
5. It is expected that the applicant accepts the risk of any adverse public notice, embarrassment, criticism or financial loss which may result from action taken by the Commission to verify information with respect to the application and that the applicant waives any claim for damages as a result thereof.
6. The signature of the applicant (person completing this Form) and date should be written on each page of the Personal Data Form III.
7. Where sufficient space is not allowed for any answer, responses should be given on separate paper and attached. All attachments should be carefully labeled so that they relate clearly to the items and paragraphs to which they apply.

Signature: _____

Date: _____

9. Personal Declaration Form should be accompanied by:

- a) References from any three (3) persons from the category listed below, who are citizens of Jamaica, who are not members of the family of the applicant and have been personally acquainted with the applicant for a period of not less than 12 months:

- | | | |
|------------------------|--|---------------------|
| • Justice of the Peace | • Public Officer (SEG 1 & above) | • Consular Officer |
| • Attorney-at-law | • Commissioner of Oaths/Notary Public | • Parish Councillor |
| • Bank Manager | • Credit Union Manager | • Clerk of Courts |
| • Marriage Officer | • Army Officer (Major & above) | • Dental Surgeon |
| • Medical Doctor | • Police Officer (Inspector or above) | • Passport Officer |
| • Veterinarian | • Principal (Primary, Secondary & Tertiary Educational Institutions) | |

- b) two certified recent photographs of the applicant. The photographs should be certified by a Justice of the Peace, with the following inscription above his/her signature:

“I certify that this is a true photograph of (insert applicant’s name and note date of certification)”

- c) a report from a licensed Credit Bureau
- d) a valid identification: Passport, Driver’s License, or National ID
- e) a valid Police Record
- f) Proof of address (copy of any utility bill not older than six months)
- g) Copies of educational credentials (highest level attained for secondary and tertiary education)
- h) 3-6 months Bank statements from all banking institutions that you conduct business with
- i) Copies of titles for all assets owned
- j) A copy of a current Tax Compliance Certificate and/or Certificate of Registration

10. All questions must be answered, however if a question does not apply to you, or there is nothing to disclose, enter **"N/A"** or **"NONE"**.

PLEASE NOTE: This Personal Declaration Form (PDF) applies only to persons interested in obtaining a license in any of the categories listed in Item 1 above. Contact the Customer Service Unit of the BGLC to obtain the appropriate Personal Declaration Form for any other category of license.

Applicants must submit this completed form along with the fee and required supporting documents in order to facilitate the due diligence investigation.

The BGLC reserves the right to request any additional information deemed necessary at any time during the course of the investigation.

Signature: _____

Date: _____

PART B: PURPOSE OF APPLICATION:

(Please tick [✓] where applicable)

☐ Bookmaker's Agent☐ OTB Parlour Operator☐ Lottery Agent☐ Gaming Machine Operator/Owner☐ Supervisor/Manager☐ Technical Service Provider☐ Other (please state) _____**PART C: PERSONAL HISTORY***(PLEASE PRINT OR TYPE)*

Please read and answer all questions carefully and completely. If a question does not apply to you, or there is nothing to disclose, enter "N/A" or "NONE".

1. Full name: _____
Surname First Name Middle Name

2a. Former name (if different from 1)

2b. Alias: _____

3. Address at which you reside: _____

List your last three (3) addresses below:

(1) _____

(2) _____

(3) _____

Email: _____ Telephone #: _____

Signature: _____

Date: _____

4. Date of birth: Day_____Month_____Year_____

5. Place of birth: Town_____Parish/State_____

Country_____

6. Nationality: _____
(If naturalized, attach a copy of the naturalization certificate and state here former nationality as well.)

7. NIS Number, Social Security Number or National Identity Number:
(Whichever is applicable)

8. Tax Reference Number (TRN):_____

9. Details of marital status:

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ *De facto* relationship

9a. Spouse / *de facto* partner's full name:

_____	_____	_____
Surname	First Name	Middle Name

9b. Maiden Name: _____

9c. Next of kin: _____

9d. Contact information for Next of kin: _____

Signature:

Date:

PART D: EDUCATION DATA

Beginning with secondary (high school), provide the information below with respect to each school, college, graduate or post-graduate school you have attended.

DATES		NAME & ADDRESS OF SCHOOL, TRAINING PROGRAMME ETC.	DESCRIPTION OF EDUCATION TRAINING PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED (STATE YES/NO)
FROM (Mo/Yr)	TO (Mo/Yr)				

Signature: _____

Date: _____

PART E: BUSINESS INFORMATION

10a. Present business address:

Postal Code: _____ Telephone: _____

10b. Type of company/Business Name (e.g.: public, private, partnership or sole proprietorship):

10c. Company Number: _____

10d. Title of position held: _____

11. Do you intend to continue with your present employment if this application is granted?

Yes ☐

No ☐

12. Have you ever applied for a licence or permit with respect to (including but not limited to) any of the following. Please tick [✓] the relevant sections

☐ spirits

☐ boxing promoter

☐ real estate broker or salesman

☐ racehorse owner

☐ accountant

☐ jockey

☐ doctor

☐ trainer

☐ lawyer

☐ bookmaker

☐ gaming machine operator/owner

☐ securities dealer

☐ lottery agent

☐ betting agent permit

☐ gaming premises operator/owner

☐ Other (please state)

☐ prescribed premises worker

12a. If 'YES', please tick [✓] the relevant box:

☐ Granted

☐ Denied

Signature: _____

Date: _____

13. Have you ever operated unlicensed gaming machines or premises, or been convicted of an offence involving unlawful betting, gaming or lottery activity, or acts of dishonesty, or other criminal activity?

Yes ☐No ☐

If yes, please explain including the year in which the event/s occurred.

Do you have any relatives associated with or employed to the lottery/gaming/ betting industry?

Yes ☐No ☐

‘Relative’ means:

1. Anyone related to you by blood;
2. Anyone related to you by marriage;
3. Anyone with whom you cohabit;
4. Anyone with whom you have a regular visiting relationship

‘*Cohabit*’ means to live together in a conjugal relationship outside of marriage.

‘*Visiting relationship*’ means a relationship between two persons who do not share a common residence, which is a close personal relationship by virtue of its nature and intensity having regard to (a) the amount of time that the persons spend together; (b) the place where that time is ordinarily spent; (c) the manner in which that time is ordinarily spent; (d) the duration of the relationship; and (e) the existence of a child (if any) of both parties.

- 14a. If 'yes', please list the names and addresses of all relatives. (Please use the format below)

(i) Names & Address

Relationship

Employer's Name/Position/& Address

Dates

Signature: _____

Date: _____

(ii) Name & Address**Relationship**

Employer's Name/Position/& Address**Dates**

(iii) Name & Address**Relationship**

Employer's Name/Position/& Address**Dates**

(iv) Name & Address**Relationship**

Employer's Name/Position/& Address**Dates**

(v) Name & Address**Relationship**

Employer's Name/Position/& Address**Dates**

Signature: _____

Date: _____

PART F: EMPLOYMENT DATA

In the chart below, provide information regarding your employment for the past ten years. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment you are required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

DATES		NAME, MAILING ADDRESS & TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	ANNUAL SALARY AT DEPARTURE
FROM (Mo/Yr)	TO (Mo/Yr)				

Signature: _____

Date: _____

PART G: FINANCIAL DATA

During the last ten year period have you had any right of ownership in, control over, or interest in any bank account(s), which are located either locally or outside your country of residence? If yes, complete the following chart.

DATES		NAME & ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME & ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/AMOUNT HELD BEFORE CLOSING
FROM (Mo/Yr)	TO (Mo/Yr)				

Signature: _____

Date: _____

PART I: CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

Have you or any of your dependent children, step children or adopted children ever been arrested or charged with any crime or offense in any jurisdiction:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME & ADDRESS OF LAW ENFORCEMENT AGENCY OF COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

*"Arrest" includes any detaining, holding or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of 'offense'.

*"Charge" includes any indictment, complaint, information, summons or other notice of the alleged commission of any 'offense'.

*"Offense" includes all felonies, crimes, high misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired, motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent ten (10) year period are also included within the definition of 'offenses'.

Signature: _____

Date: _____

PERSONAL REFERENCES
(List three as indicated on Page 2)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER/S: _____

=====

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER/S: _____

=====

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER/S: _____

=====

Signature:

Date:

DECLARATION OF APPLICANT

I, (Name and Surname) _____ born
on _____, in the Parish of _____ and residing at

solemnly declare that:

I have personally completed this Personal Declaration Application Form (the 'Application Form') to which this Declaration is appended.

I hereby certify that all statements contained in and attached to this Application Form are correct to the best of my knowledge and complete.

I confirm that all the information I have submitted in support of this Application Form is complete and true and that I understand that knowingly making a false statement for this purpose is tantamount to a criminal offence.

I understand that misrepresentation or failure to submit any information requested by the Betting Gaming and Lotteries Commission ('the Commission') shall be deemed as good and sufficient cause for a refusal to issue the License being applied for simultaneously or for an eventual revocation if such misrepresentation or failure is discovered at a later stage.

I understand that should the information provided in relation to this Application Form cease to be correct, or if there are any changes in the information provided in the Application Form, it is my responsibility to advise the Commission immediately. Failure to do so could result in any license subsequently issued being reviewed and possibly suspended or revoked.

The Commission may request confirmation or further information from any appropriate third parties in respect of evidence or documentation I have provided in support of this Application Form. I agree to authorize the Commission to request and receive information about me from such third parties.

I expressly consent to the Commission collecting and processing the personal data it transfers or shares in accordance with the Commission's privacy notice, as amended from time to time. All such aggregated data derived from the personal data shared will be solely owned by the Commission and may be used by the Commission for any lawful business purpose without a duty of accounting to me.

By signing this Declaration I am agreeing to all of the above statements.

Print or type name: _____

Signature: _____

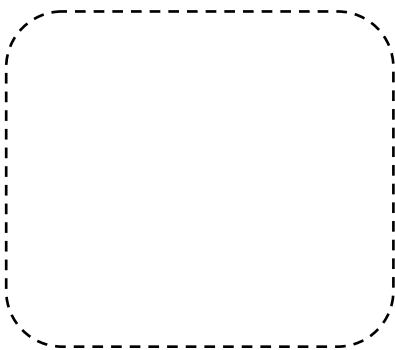
Date: _____

JUSTICE OF THE PEACE ONLY

Sworn and subscribed to before me, this _____ day of _____, 20____.

Print or type name: _____

Signature: _____



***Seal of Justice of the Peace
or Notary Public***



ANNEX - Personal Declaration Form III

Type of Business: ☐ Sole Proprietorship ☐ Partnership

Business Name: _____

Business Registration Number: _____

Business Address: _____

Telephone: _____ Email: _____

Company Number: _____

Title of position held: _____

Type of Business: ☐ Sole Proprietorship ☐ Partnership

Business Name: _____

Business Registration Number: _____

Business Address: _____

Telephone: _____ Email: _____

Company Number: _____

Title of position held: _____

Type of Business: ☐ Sole Proprietorship ☐ Partnership

Business Name: _____

Business Registration Number: _____

Business Address: _____

Telephone: _____ Email: _____

Company Number: _____

Title of position held: _____

Signature

Date