

APPLICATION FOR A NEW GAMING LICENCE

AN APPLICANT FOR A LICENCE OR RENEWAL HAS NO RIGHT TO BE AWARDED A LICENCE. ALL LICENCES ISSUED BY THE GAMING BOARD FOR THE BAHAMAS ARE CONTINGENT ON THE ONGOING SUITABILITY FOR LICENSING OF THE PERSONS TO WHOM THEY ARE ISSUED. IN EVERY CASE, THE APPLICANT BEARS THE ONUS OF PROVING FULL COMPLIANCE WITH ALL APPLICABLE QUALIFICATION CRITERIA.

A Gaming Licence is required for:

- (a) the operation of a casino and the playing in or on designated areas of the casino resort, or such various separate parts of such premises as are specified in the licence, including private gaming areas approved by the Board in the prescribed manner, of any gambling game, including, but not limited to
 - (i) gambling games played on traditional or electronic gaming tables and slot machines;
 - (ii) any gaming device, operated for any consideration, for the play of poker, blackjack, any other card or table game, or keno or any simulation or variation of any of the foregoing, including, but not limited to, any game in which numerals, numbers, or any pictures, representations, or symbols are used as an equivalent or substitute for cards in the conduct of such game;
- (b) the placing and acceptance of bets on any event;
- (c) the conduct of pari-mutuel wagering through a hub; and
- (d) the arrangement, organization and operation of junkets.

APPLICANT FOR A GAMING LICENCE:

Name of Applicant	
Trading Name of Applicant	
Date of completion of form	

All correspondence must be addressed to:

The Secretary
Gaming Board for The Bahamas
4th Floor, Centreville House
2nd Terrace West & Collins Avenue
Nassau, BAHAMAS

For official use only
GB Ref. No:
Insp. Sig.:



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APPLICATION INSTRUCTIONS

- Read these instructions and every question carefully before answering and follow any specific instruction which may be given in relation to certain questions.
- 2. Answer every question in full. If you fail to answer any question, give incomplete answers or fail to submit all the additional information required, your application will be considered to be incomplete and may be rejected by the Board.
- **3.** If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided for the answer. If there is nothing to disclose in response to a particular question, write "None" in the space provided for the answer. If an alteration is made to an answer, sign in full next to the alteration.
- **4.** All answers on this form, except signatures, must be typed or **legibly printed in black ink.** On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
- 5. This application form must be completed by the person authorised thereto by the applicant company identified on the front page. Return the completed form to The Secretary, Gaming Board for The Bahamas, 4th Floor, Centreville House, 2nd Terrace West & Collins Avenue, Nassau, Commonwealth of The Bahamas.
- 6. The original completed application form and all the additional required information must be submitted to the Board (no copies of the original application or the supporting documentation are required to be submitted).
- 7. If additional space is required to answer any question, <u>please use additional pages</u>, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
- **8.** All amounts must be reflected in **Bahamian Dollars**. When converting from a foreign currency to Bahamian Dollars or if documents are included which reflect foreign currencies, convert at or quote the applicable **exchange** rate and the date of the rate of exchange.
- **9.** If any details of the applicant, which are reflected in this application form, change before a licence has been issued by the Board, the Board must immediately be notified in writing.
- 10. All dates must be in the format: Day / Month / Year.



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1. IDENTIFYING DETAILS OF APPLICANT:

Registered name	
Registration number	
Trading name	
Principal activities:	
Contact Person for this application:	
Title & Full Names	
Telephone & Fax Numbers	
E-mail address	
Principal business address of the applicant:	
Street address	
City/Town & Province/State	
Postal/Zip code	
Country	
Telephone & Fax Numbers	
Website address	
Mailing address	
City/Town & Province/State	
Postal/Zip code	
Country	
Registered office of the applicant:	
Street address	
City/Town & Province/State	
Postal/Zip code	
Country	
Telephone & Fax Numbers	



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2. OTHER NAMES AND ADDRESSES OF THE APPLICANT:

	State all previous names under which and addresses from which the applicant has don	ıe
	business in the past five years.	
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L		

3. DESCRIPTION OF THE APPLICANT ENTITY:

Indicate what type of legal entity the applicant is:

Limited liability company	
Corporation	
Public unlisted company	
Public listed company	
Partnership	
Other (provide details)	

4. **DOCUMENTATION REQUIRED:**

- 4.1 Where applicable, submit certified true copies of the Incorporation Documentation and Memorandum & Articles of Association, Articles of Incorporation, Articles of Organization, Founding Document, Charter, Shareholders' Agreement, Partnership Agreement, Trust Deed, certificate(s) of legal name changes and all amendments thereto.
- **4.2** Submit a certified true copy of the **resolution by the Board of Directors or similar** controlling body authorising the signatory hereto to sign the application documents on behalf of the applicant.



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5. SHAREHOLDING OF THE APPLICANT:

Share	No of	No of	Par value	Premium	Current	Classes*	Voting	
structure	shares	shares	per share	at issue	market		rights	
	authorised	issued			value			
Ordinary								
Shares								
Preference								
Shares								
Other								
(specify)								
Provide a c	opy of the r	nost recer	nt share/sed	curities regi	ster or inc	dicate wher	e it mav be	
	• •		•	J			,	
perused.								
* Elaborate	if there is mor	e than one	class of sha	re with diffe	rent voting	rights.		
5.1 If the rig	ghts of shareh	nolders of	any class of	shares may	be modifi	ed other tha	an by a vote,	
indicate this	and explain b	riefly:						
	•	,						



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5.2. NON-VOTING SHAREHOLDERS:

If applicable, give details of all the non-voting shareholders below:

Name & address of shareholder	Passport/Social Security/Registration number	Date of birth (for natural persons)	Number of shares held	Description of non-voting shares	Method of payment for shares

6. INVOLVEMENT:

6.1. Direct shareholding - list all the direct shareholders in the applicant below:

FULL NAME	PASSPORT/SOCIAL	NO. OF	PERCENTAGE
OF HOLDER	SECURITY/REGISTRATION NO	SHARES HELD	SHAREHOLDING
TOTAL SHAREHOLDING			100%

ΛΙΙΤ L	ORISE	ח כוכ	ΝΑΤΙ	IRE



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6.2. Indirect shareholding - list all the persons holding an indirect shareholding of 5% or more in the applicant below:

FULL NAME	PASSPORT/SOCIAL	NO. OF	PERCENTAGE
OF HOLDER	SECURITY/REGISTRATION NO	SHARES HELD	SHAREHOLDING

6.3. List all the directors of the applicant:

FULL NAME	PASSPORT/SOCIAL	EXECUTIVE/NON-	NATIONALITY	SHAREHOLDER
	SECURITY NO	EXECUTIVE		REPRESENTED

6.4. List the executive management of the applicant below:

FULL NAME	PASSPORT/SOCIAL SECURITY NO	DESIGNATED POSITION	NATIONALITY



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7. DIAGRAMMATIC REPRESENTATION OF OWNERSHIP:

If question 6 above indicates any entity as indirectly holding shares or any other ownership interest in the applicant, prepare a **diagrammatic flowchart** which illustrates the entire relationship of all the entities involved to the applicant as an attachment clearly labelled "Question 7".

List all legal and natural persons, who each hold a direct or indirect financial interest of 5% or more in the applicant, clearly indicating the respective shareholdings in each entity, including the applicant. If the ultimate holding company of the applicant is a public company and no natural person controls 5% or more of the publicly traded shares, indicate this fact in a footnote to the flowchart.

8. TERMS AND CONDITIONS:

8.1. Indicate the terms on which shares are to be, and during the past five years have been, offered to the public or otherwise:

SHAREHOLDING	TERMS	DATE

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8.2. Indicate the terms and conditions to which all outstanding loans, mortgages, trust deeds, pledges or other indebtedness or obligations pertaining to the applicant are subject:

OBLIGATION	AMOUNT	INTEREST	TERMS

9. SHARE OPTIONS:

A. Describe in detail any options existing in respect of shares issued or to be issued by the applicant. The description must include the title and number of shares subject to the option, the reason/purpose of the option, the year(s) during which the options have been or will be granted, the conditions under which the options have been or will be granted, the monetary consideration in respect of the option or the formula used to determine the value of the option, the terms under which option holders became, or will become, entitled to exercise the options, the period involved for exercising the options and the date of expiry of the options. For the purposes of this application, "option" means the right, warrant or option to subscribe to or purchase any shares issued by the company. (Continue on a separate page, clearly labelled "Question 9", if there is insufficient space.)



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B. Identify all persons holding the options as described in **A** and complete the table below:

Option	Relationship with	No of shares to which	Market value at	Current
holder	applicant	option pertains	issue of option	market value

10. FINANCIAL INSTITUTIONS:

10.1 Furnish the information below in respect of all bank accounts currently held with any financial institution, whether domestic or foreign, regardless of whether such account was held in the name of the applicant or a nominee of the applicant or was otherwise under the direct or indirect control of the applicant.

Name & street address of financial institution	Name of account holder	Type of account(s)	Account number	Period of time account held (from/to)

Provide copies of statements of all the accounts indicated above which reflect all transaction	ns
for the past three months.	



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10.2 Furnish the information below in respect of all bank accounts at any financial institution, wheresoever located, held in the name of the applicant or a nominee of the applicant, which were closed during the past five years.

Name & street address of financial institution	Name of account holder	Type of account(s)	Account number	Period of time account held (from/to)

11. SHARES HELD BY APPLICANT:

Furnish the information below in respect of each company in which the applicant holds shares:

INFORMATION REQUIRED	ENTITY 1	ENTITY 2	ENTITY 3	ENTITY 4
Name of company				
Reg. no of company				
Type of shares held				
Purchase price of shares				
Number of shares held				
Date acquired				
Percentage Ownership held				
Current market value				



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12. FINANCIAL INTERESTS HELD IN OTHER BUSINESSES, EXCLUDING SHARES:

Describe below the nature and extent of any business interest other than shareholding, which the applicant has in any other businesses.					
Furnish the informa	•	ect of all entities w			
_		\$100,000 or more, or vices in the six months			
NAME OF CONTRACTOR/ SUPPLIER	STREET ADDRESS GOODS/SERVICES VALUE OF METHOD OF & TELEPHONE NO SUPPLIED CONTRACT PAYMENT				
14. CRIMINAL AND RELATED HISTORY:					
This question requests information about any offences the applicant, its officers, owners, or subsidiaries may have committed or may have been charged with. Prior to answering this question, carefully study the definitions and instructions below.					



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For the purposes of this application form: -

"Offence" includes all crimes, felonies, misdemeanours, or criminal offences regardless of their classification, and includes offences in respect of which an admission of guilt fine was payable without an obligation to appear in court.

"Charge" includes any indictment, complaint, information, summons or other notice relating to the alleged commission of any offence.

"Officer" includes all directors, executive management and trustees.

"Owner" includes all shareholders, members, partners, or other persons with a direct or indirect financial interest of 5% or more in the applicant.

Where an applicant has been charged, answer of "yes" must be given and all relevant information provided to the best of your ability, even if:

- the applicant did not commit the offence(s) with which it was charged;
- the charge was dismissed or withdrawn;
- the applicant was not convicted or
- the event(s) to which the charge(s) pertained occurred more than ten years ago.

If the records relating to the charges have been expunged by court order, answer "no" and attach a copy of the expunction order to this application, clearly labelling it "Attachment to Question 14".

14.1. OFFICIAL ENQUIRY:

Has the applicant, its owners, officers or any of its subsidiaries in the past ten years ever been subjected to an official enquiry by any regulatory body, government or provincial department, law enforcement agencies or gaming authorities?

res []	NO []	
If yes , provide details below:		



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14.2. INDICTMENTS, CHARGES AND CONVICTIONS:

14121 111010										
Has the applicant, its owners, officers or any of its subsidiaries ever been indicted, charged*										
with or convicted of a criminal offence or been a party or named as an indicted co-accused or										
co-conspirator in any criminal proceeding in any jurisdiction?										
Yes			No							
If yes , comple	te the t	able belo	w:							
CASE	NATU	JRE OF		NAME OF	CO	DURT	OUTCOME/			
NUMBER		RGE OR	DATE	LAW ENFORCEMENT	INV	OLVED	SENTENCE			
	СОМ	PLAINT		AGENCY						
15. TRAD	E REGU	LATIONS A	AND SECURITI	ES JUDGMENTS:						
Has the appli	cant. its	s owners.	officers or an	y of its subsidiaries ev	ver had	l a iudøn	nent, consent.			
				olation or alleged viol						
		•	J	entered against it?	u		egalations of			
Jecurities Aet	5 01 51111	nai Acts o	Tany country,	entered against it.						
Yes			No							
If ves , comple	te the t	able belov	w:							
If yes , complete the table below:										
CASE	CASE NAME OF NATURE OF JUDGEMENT, DATE ENTERED									
NUMBER	R	COURT	OR AGENCY	DECREE OR ORDE	R					



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16. INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT OR TRUSTEE:

A. Has the applicant, its owners, officers or any associated company had any applications	ation or
petition under any provision of any insolvency or bankruptcy legislation filed by or a	gainst it
during the ten years preceding the date of this application?	
Yes No	
If yes , provide details below:	
B. Has the applicant, its owners, officers or any associated company sought relief un provision of any insolvency or bankruptcy legislation during the ten years preceding the this application?	-
Yes No	
If yes , provide details below:	
17. EXISTING LITIGATION:	
Is the applicant, any owner, officer or subsidiary currently involved in any litigation?	
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No

If yes, on a **separate pages under the above number and heading**, describe all existing civil litigation in which the applicant, owner, officer or subsidiary is currently involved with, in any jurisdiction. Exclude any case for monetary damages where the damages are not expected to exceed US \$100,000 or the equivalent thereof.

The description must include all the relevant details such as the title, case number, name and address of the court where the case is pending, the identity of all the parties, a summary of the charge and the general nature of all claims being made as well as the next date to appear in court.

18. GAMING LICENCES:

NOTE: The responses to the questions in this section must be provided in respect of all gaming-related licences and/or similar approvals issued to, held by, refused in respect of (as the case may be) the Applicant and any of its owners, directors, managers or senior employees.

18.1. Provide details below of all gaming-related licences currently held:

LICENCE	ISSUING	DATE	EXPIRY
TYPE	JURISDICTION	GRANTED	DATE

* Provid	le co	oies o	f ali	' licences	grantea	l as wel	l as th	ne condi	tions	attacl	hea	l to	each	i licence	e.
----------	-------	--------	-------	------------	---------	----------	---------	----------	-------	--------	-----	------	------	-----------	----

AUTHORISED SIGNATURE



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18.2.	Provide details	below of all	gaming-related	licences	previously	y held:
-------	-----------------	--------------	----------------	----------	------------	---------

LICENCE	ISSUING	DATE	DATE	REASONS FOR
TYPE	JURISDICTION	GRANTED	TERMINATED	TERMINATION

18.3. Provide details below of all gaming-related licences **previously refused**:

LICENCE TYPE	ISSUING JURISDICTION	DATE APPLIED FOR	DATE REFUSED	REASONS FOR REFUSAL

18.4. Provide details below of all applications for gaming-related licences **currently pending:**

LICENCE TYPE	ISSUING JURISDICTION	DATE APPLIED FOR



AUTHORISED SIGNATURE

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18.5 H	Has the Applicant, or any of its owners, directors, managers or senior employees –				
(a	a) evei	r provided any gar	ning-related mana	agement or other serv	rices to any other
	gam	ing operator, whet	her licensed or un	llicensed, anywhere in	the world?
V	es		No		
11	E5 <u> </u>		NO		
If	yes , comp	lete the table belo	w:		
NAME & OPERA	LICENSED	DATE OF COMMENCEMENT	DATE OF TERMINATION	REASON FOR TERMINATION	JURISDICTION BY WHICH APPROVED*
* Attach a	certified,	current copy of eacl	n licence/authorisa	tion/certificate issued.	
(k	o) evei	r been refused an a	application for a ga	aming licence and/or fo	or the provision of
•				other services to ar	•
	ope	rator, whether lice	nsed or unlicensed	d, anywhere in the wor	ld?
Y	es		No		
If	yes , comp	lete the table belo	w:		
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NAME & TRADING NAME OF LICENSED OPERATOR	JURISDICTION REFUSING THE APPLICATION	REASON FOR REFUSAL	DATE OF REFUSAL

19. ATTACHMENTS (ALL DOCUMENTATION MUST BE SUPPLIED IN ENGLISH)

Over and above the documents requested elsewhere herein, the following documents must be appended to this application form:

19.1. Audited financial statements of the applicant for the past three years.

If the applicant has been dormant or has been newly acquired, a letter must be provided by the auditors of the Applicant entity confirming that the Applicant is dormant and that the Applicant has no material liabilities or contingent liabilities.

If the applicant is unable to provide audited financial statements for certain or all of the years required in terms of this application, a letter must be provided by the auditors of the Applicant entity confirming the non-availability of such annual financial statements and stating the reasons therefor. In such an event, at a minimum, management accounts in respect of the applicant entity must be provided for the relevant period, certified by the auditors as containing a true reflection of the business activities of the applicant company during the relevant period.

19.2. Organisational chart

Submit an organisational chart in respect of the applicant, which illustrates the organisational hierarchy and job descriptions with the names of all the incumbents, including all governance structures, e.g. audit and similar committees.

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20. TAX INFORMATION

20.1. Complete the tax details in respect of the applicant requested below:

Income tax reference no, if applicable	
Tax authority name and location	
VAT reference no, if applicable	
Other tax liability reference no's (specify)	
20.2. Has the applicant submitted its income tax	k and all other required returns for the three
years directly preceding the date of this application	n to the relevant Authorities?
Yes No	
If yes, and the applicant is a foreign comparequivalent from the country of origin.	ny, furnish tax clearance certificates or the
If no , give an explanation below.	
Documentation in respect of any extension grante	d by any Tax Authority must also be attached.
AUTHORISED SIGNATURE	Page 20
AUTHUNISED SIGNATURE	



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AFFIDAVIT

l,	, do hereby make oath and say that:
1.	I am duly authorised to complete this application and to make this declaration on behalf of, the Applicant herein.
2.	I am aware that the Board may refuse a licence to any applicant that supplies information
	to the Board which is false in any material respect or subject to any material omission.
3.	The particulars contained herein are to the best of my knowledge and belief true and
	correct in every detail and I have fully disclosed all information required in completing this
	form.
SIG	NATURE OF DEPONENT DATE
I cer	tify that:
This	declaration was sworn to before me at day of
	, 20
* Del	ete which is not applicable
NOT	ARY PUBLIC/COMMISSIONER OF OATHS
Note	: This affidavit must be accompanied by a Board resolution authorising the signatory to execute same.



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AUTHORISATION FOR EXAMINATION AND RELEASE OF INFORMATION AND INDEMNIFICATION

TO: All courts, probation departments, employers, educational institutions, banks, financial and other institutions, tax collection authorities, law enforcement agencies, without exception both foreign and domestic and to whomsoever else this authorization may be duly presented.

AUTHO	ORISATI	ION	
l,		(Surname)	(Other names)
			(Address)
Date o	f Birth:	//Pe	rsonal Identity Number:
Nation	ality:	Passport Num	nber:
Addres	ss for Ta	ax Purposes:	
• •			
HEREBY Commis of the G	AUTH sioner of aming /	HORISE the Responsible Minister, the Second of the Royal Bahamas Police Force or any perfect, 2014 (No. 40 of 2014) (hereinafter "the Act, 2014).	cretary of the Gaming Board for The Bahamas the rson so designated in writing, pursuant to the provisions Act") (collectively the "Authorised Persons") -
1.		dertake any investigation concerning my el oility to be associated with a licence holder or	igibility qualification for a licence under the Act or, my applicant for a licence in terms of said Act;
2.	on pro	oduction of an original letter of authorisation	, to inspect and obtain copies of:
	(a)	any credit report, other report, legal o creditworthiness, credit history, credit stan	r personal information that has any bearing on my ding or credit capacity;
	(b)	any loan information, cheque account rec passbook records and bank statement shee	ords, savings deposit records, safe deposit box records, ets pertaining to me;
	(c)		my activities conducted by any local or overseas police e regulatory agency or any gambling or casino regulatory
	(d)	any court records relating to any present o was a party; and	r past civil or criminal court proceedings to which I am or
	(e)	any other document, record or corresponde	ence pertaining to me.
ACKNO	WLEDG	EMENT	
			e under the Act that I am obligated to timely pay to the rinvestigative costs associated with licensure under the



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RELEASE

I hereby release, remise and forever discharge all Authorised Persons including the Responsible Minister, the Secretary of the Gaming Board for The Bahamas or any person so designated in writing, including the Commissioner of the Royal Bahamas Police Force or an Agent of the Gaming Board appointed pursuant to the Gaming Act, and any employee, member, subcontractor or representative of the Responsible Minister, the Secretary, the Royal Bahamas Police Force or an Agent, any source or person, including, but not limited to, law enforcement, criminal justice and regulatory agencies, from any damages, directly or indirectly, related to the request for or release of said information, any cause of action, suit, debt, judgment, execution, and/or other claims and demands whatsoever, known or unknown, in law or equity, that the undersigned ever had, now has, may have or claim to have against any or all of the entities or individuals receiving this Release Authorisation arising out of or by reason of the conduct of the investigation authorized herein or any action related to it. I hereby execute this Release with full authority to do so.

INDEMNIFICATION

Grantor Signature: ___

I, with full authority to do so, hereby indemnify and hold harmless every Authorised Person, firm, company and/or government body including the Responsible Minister, the Secretary of the Gaming Board for The Bahamas or any person so designated in writing, including the Commissioner of the Royal Bahamas Police Force or an Agent of the Gaming Board appointed pursuant to the Act, and any employee, member, subcontractor or representative of the Responsible Minister, the Secretary, the Royal Bahamas Police Force or an Agent and any source or person to whom this Release Authorization is presented from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of, compliance with this Release Authorization.

You are HEREBY AUTHORISED to release to any Authorised Person presenting this Authorisation, all the documents, reports, records and information requested by him/her. A photo-static or e-mail copy of this Release Authorisation is as effective and valid as the original.

This authorisation shall supersede and countermand any prior request or authorisation to the contrary. A certified copy of this authorisation will be considered as effective and as valid as the original.

Grantor's Spouse's Signature:
(If the grantor of this Release Authorisation is married at the time of filing and the license application is being filed in an individual capacity rather than as a representative of an entity applicant the individual's spouse must execute this Release Authorisation.)
IN WITNESS WHEREOF, I have executed this request at, on this
SIGNATURE OF APPLICANT
SIGNATURE OF ALL EIGANT
SIGNED AND SWORN TO before me, day of
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NOTARY PUBLIC/COMMISSIONER OF OATHS
Note: This Authorisation must be accompanied by a Board resolution authorising the signatory to execute same.
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