



## APPLICATION FOR A JUNKET OPERATOR LICENCE

AN APPLICANT FOR A LICENCE 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.

Pursuant to section 43 of the Gaming Act, 2014 (No. 40 of 2014), a Junket Operator Licence is required by every person, other than a junket representative, who is directly or indirectly involved in the planning, organisation or operation of a junket for or on behalf of the holder of a gaming licence, where such junket involves —

- (a) a visit to the casino resort of the holder of the gaming licence, of twenty or more junket visitors, of whom at least one such junket visitor is issued with credit for participation in gaming activities to be engaged in during the junket; and
- (b) transport, food, accommodation and entertainment of an aggregate value of in excess of one hundred thousand dollars, or such higher value as may be prescribed from time to time, calculated on the basis of the retail price normally charged in respect of such goods and services.

**NOTE:**

- 1. A junket operator licence may be issued to either a natural or a legal person.
- 2. Where the applicant is a natural person, DO NOT COMPLETE SECTIONS 1B & 4.9
- 3. Where the applicant is a legal person/corporate entity, DO NOT COMPLETE SECTIONS 1.A.1 – 1.A.6

**APPLICANT FOR JUNKET OPERATOR LICENCE:**

Name of Applicant	
Trading name of business (if applicable)	
Date of completion of form	

All correspondence must be addressed to:

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

**For official use only**

GB Ref. No.: \_\_\_\_\_

Insp. Sig.: \_\_\_\_\_

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### APPLICATION INSTRUCTIONS

1. 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, 4<sup>th</sup> Floor, Centreville House, 2<sup>nd</sup> 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, please use additional pages, indicating the number(s) of the question(s) you are answering on these additional pages and clearly cross referencing the additional information with the relevant questions.
8. All amounts must be 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: **Month / Day / Year**.

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**1.A. IDENTIFYING DETAILS OF THE APPLICANT (WHERE A NATURAL PERSON):**

Name: \_\_\_\_\_  
First Middle Surname Maiden (if applicable)

Other names you have used or use, or by which you have been or are known: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

NIB/Social Security/Similar Number: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Date of issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Details of all legal name changes: \_\_\_\_\_

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

Island: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone no. (home): \_\_\_\_\_ Fax no: \_\_\_\_\_

Cell phone no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Current business address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

Island: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone no. (work): \_\_\_\_\_ Fax no.: \_\_\_\_\_

Employer: \_\_\_\_\_ Employed since: \_\_\_\_\_

Position held: \_\_\_\_\_ Position held since: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_

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**1.A.2. PHOTOGRAPH :**

**Please note:**

1. Your name and address must be printed on the back of the photograph.
2. Photograph must be taken not more than 1 month before submission of this application.
3. Do not paste the photograph onto this form. Please use a stapler.

Date of photograph: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**1.A.3. EMPLOYMENT HISTORY (WHERE THE APPLICANT IS A NATURAL PERSON):**

Provide information regarding your employment over the past five (5) years, working backwards from the present. Furnish details regarding periods of unemployment in the correct sequence, including part-time and full time employment and military service, if applicable.

PERIOD OF EMPLOYMENT FROM - TO [MM/YY]	NAME, ADDRESS & TELEPHONE NO OF EMPLOYER	POSITION HELD & DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING

**1.A.4. GAMING-RELATED EMPLOYMENT HISTORY:**

Have you ever been employed by a casino or the holder of any gaming-related licences, permit or certificate of suitability in any jurisdiction?

Yes  No

If "Yes", please complete the Table below:

PERIOD OF EMPLOYMENT FROM - TO [MM/YY]	NAME, ADDRESS & TELEPHONE NO OF EMPLOYER	POSITION HELD & DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING

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**1.A.5. MONTHLY INCOME & EXPENDITURE STATEMENT:**

Provide details below of your monthly income and expenditure based on the average for the three months preceding the date of this application. All amounts must be expressed in Bahamian Dollars. Where applicable, indicate the prevailing exchange rate. For the purposes of the Table below, the expression "Spouse" includes a common law spouse or life partner.

INCOME	APPLICANT	SPOUSE	TOTAL
Salary (net)/drawings			
Fees (directorships/ consultancies)			
Rental received			
Interest			
Dividends			
Repayment of loans			
Other income (specify)			
<b>TOTAL INCOME (A)</b>			

EXPENDITURE	APPLICANT	SPOUSE	TOTAL
Alimony/Maintenance			
Mortgage repayments/Rental			
Clothing			
Credit Cards			
Electricity, water & other utilities			
Entertainment			
Food & liquor			
Insurance premiums/savings			
Maintenance of property			
Medical expenses			
Motor vehicle maintenance expenses			
Repayment of borrowings			
Telephone/Broadband/Internet			
Travelling			
Vehicle Finance/Instalments			
Other expenses (Specify)			
<b>TOTAL EXPENDITURE (B)</b>			
<b>NET INCOME/DEFICIT (A-B)</b>			

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**1.A.6. STATEMENT OF ASSETS AND LIABILITIES:**

List the value of all assets, tangible and intangible, in the appropriate spaces below. Enter only the amounts as at the date of completion of this document. Such date should be as recent as possible, but in any event should fall within the two month period directly preceding the date of this application. For the purposes of the Table below, the expression “Spouse” includes a common law spouse or life partner.

**Each listed asset must be described fully in the appropriate attached schedule.**

All amounts must be expressed in American Dollars. Where applicable, indicate the prevailing exchange rate.

**1.A.6.1 ASSETS**

**DATE OF STATEMENT:** .....

ASSETS	SCHEDULE	APPLICANT	SPOUSE & MINOR CHILDREN
Accounts/monies receivable/tax overpaid	<b>A</b>		
Bank accounts	<b>B</b>		
Cash on hand (on person/in safe)			
Credit card accounts – credit balances	<b>C</b>		
Household & personal effects	<b>D</b>		
Listed investments (shares & bonds)	<b>E</b>		
Non-listed investments	<b>F</b>		
Property	<b>G</b>		
Surrender value of insurance policies	<b>H</b>		
Unit trusts	<b>I</b>		
Vehicles, aircraft, boats, etc.	<b>J</b>		
<b>TOTAL ASSETS (A)</b>			

**1.A.6.2 LIABILITIES**

LIABILITIES	SCHEDULE	APPLICANT	SPOUSE & MINOR CHILDREN
Bank overdraft outstanding	<b>B</b>		
Mortgages/bonds payable	<b>K</b>		
Debit balances: credit card accounts	<b>C</b>		
Hire purchase accounts payable	<b>L</b>		
Loans payable (secured or unsecured)	<b>M</b>		
Other liabilities payable (specify)	<b>N</b>		
Tax payable (as per your assessment)			
<b>TOTAL LIABILITIES (B)</b>			
<b>NET WORTH (A – B)</b>			

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**1.A.6.3 OFF-BALANCE SHEET ASSETS**

List all assets, excluding fixed property, used but not owned by you or your spouse (as defined above) below, e.g. vehicles, aircraft, boats, etc., as well as the market value of these assets.

OFF-BALANCE SHEET ASSETS	SCHEDULE	APPLICANT	SPOUSE & MINOR CHILDREN
	O		
	O		
	O		
	O		
	O		

**1.A.6.4 CONTINGENT LIABILITIES**

List all contingent liabilities (e.g. guarantees or securities furnished) as well as the amounts involved.

CONTINGENT LIABILITIES	SCHEDULE	APPLICANT	SPOUSE & MINOR CHILDREN
	P		
	P		
	P		
	P		
	P		

**SCHEDULE A: ACCOUNTS/MONIES RECEIVABLE/TAX OVERPAID**

Name & address of debtor	Date incurred	Original Amount	Unpaid Balance	Payment period	Monthly repayments	Maturity Date	Origin of debtor account	Collateral held for debt
<b>APPLICANT</b>								
<b>SPOUSE &amp; MINOR CHILDREN</b>								

**SCHEDULE B: BANK ACCOUNTS**

Name & address of financial institution	Name(s) of person(s) appearing on account	Account No	Type of Account	Date opened	Interest rate	Interest Received	Interest paid	Credit Balance (if applicable)	Debit Balance (if applicable)
<b>APPLICANT</b>									
<b>SPOUSE &amp; MINOR CHILDREN</b>									

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**SCHEDULE C: CREDIT CARD ACCOUNTS**

Category of credit card (e.g. VISA)	Name of financial institution	Name appearing on card	Account Number	Expiry Date	Type of credit card (e.g. gas)	Credit balance (if applicable)	Debit balance (if applicable)
<b>APPLICANT</b>							
<b>SPOUSE &amp; MINOR CHILDREN</b>							

**SCHEDULE D: HOUSEHOLD EFFECTS**

Other assets	Purchase Price	Date of purchase	Current market value (not insured values)	Other information regarding these assets
<b>APPLICANT</b>				
<b>SPOUSE &amp; MINOR CHILDREN</b>				

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**SCHEDULE E: LISTED INVESTMENTS (SHARES & BONDS/STOCKS)**

Name of issuer	Type	No of shares or bond/stocks	Purchase price of each	Date of purchase	Name in which registered	Current market value
<b>APPLICANT</b>						
<b>SPOUSE &amp; MINOR CHILDREN</b>						

**SCHEDULE F: NON-LISTED INVESTMENTS**

Name of entity	Type of entity	No of ownership units	Percentage ownership	Purchase price	Date of purchase	Name in which registered	Persons/entity sharing ownership	Current market value
<b>APPLICANT</b>								
<b>SPOUSE &amp; MINOR CHILDREN</b>								

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**SCHEDULE G: PROPERTY**

Street address	Erf/plot No or Title Deed No	Purchase price & improvement cost	Date of purchase	Name(s) of registered owner(s)	Percentage ownership each	Current market value	If leased, state monthly income
<b>APPLICANT</b>							
<b>SPOUSE &amp; MINOR CHILDREN</b>							

**SCHEDULE H: INSURANCE POLICIES**

Name of policy holder	Insurance policy reference no	Type of policy	Insurance company	Beneficiaries of policy	Estimated maturity value	Current value of policy	Loan/surrender value of policy
<b>APPLICANT</b>							
<b>SPOUSE &amp; MINOR CHILDREN</b>							

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**SCHEDULE I: UNIT TRUSTS**

Name of unit trust	Type of unit trust	Account number	Name of management co	Name of linked product co. (if applicable)	Number of units held	Original purchase price	Current selling price
<b>APPLICANT</b>							
<b>SPOUSE &amp; MINOR CHILDREN</b>							

**SCHEDULE J: MOTOR VEHICLES, MOTOR CYCLES, AIRCRAFT, BOATS, YACHTS & OTHER VESSELS**

Nature of asset	Registration or other ID No	Details of Seller	Date of Purchase	Purchase Price	Method of Financing	If not cash, amount outstanding	Current market value
<b>APPLICANT</b>							
<b>SPOUSE &amp; MINOR CHILDREN</b>							

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**SCHEDULE K: BONDS/MORTGAGES PAYABLE**

Name & address of bondholder	Location of property	Date Incurred	Original amount	Current interest rate	Monthly Repayments	Unpaid Balance	Maturity Date	Other collateral provided
<b>APPLICANT</b>								
<b>SPOUSE &amp; MINOR CHILDREN</b>								

**SCHEDULE L: HIRE PURCHASE ACCOUNTS PAYABLE**

Name & address of HP creditor	Date incurred	Original Amount	Interest rate	Amount Outstanding	Maturity Date	Monthly Repayments	Description of asset acquired	Other collateral provided
<b>APPLICANT</b>								
<b>SPOUSE &amp; MINOR CHILDREN</b>								

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**SCHEDULE M: LOANS PAYABLE (SECURED & UNSECURED)**

Name & address of creditor	Date incurred	Original Amount	Interest rate	Amount Outstanding	Maturity Date	Monthly Repayments	Reasons for loan	Other collateral provided
<b>APPLICANT</b>								
<b>SPOUSE &amp; MINOR CHILDREN</b>								

**SCHEDULE N: OTHER LIABILITIES PAYABLE**

Name & address of creditor	Date incurred	Original Amount	Interest rate	Amount Outstanding	Maturity Date	Monthly Repayments	Reasons for incurring liability	Other collateral provided
<b>APPLICANT</b>								
<b>SPOUSE &amp; MINOR CHILDREN</b>								

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**SCHEDULE O: OFF-BALANCE SHEET ASSETS**

Description of asset	Registration or other ID No	Details of rental or leasing co	Date of Agreement	Expiry Date	Interest Rate	Monthly rental/ lease payments	Options at the end of the period
<b>APPLICANT</b>							
<b>SPOUSE &amp; MINOR CHILDREN</b>							

**SCHEDULE P: CONTINGENT LIABILITIES**

Name & address of creditor	Date Incurred	Description of principal debt	Original Debt	Unpaid balance of debt	Maturity Date	Monthly payments	Reason for providing security	Other collateral	Other persons liable
<b>APPLICANT</b>									
<b>SPOUSE &amp; MINOR CHILDREN</b>									

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**1. B. IDENTIFYING DETAILS OF APPLICANT (WHERE A CORPORATE ENTITY):**

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

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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 done business in the past five years.


**3. DESCRIPTION OF THE APPLICANT:**

Indicate whether the applicant is:

<b>Limited liability company</b>	
<b>Corporation</b>	
<b>Public unlisted company</b>	
<b>Public listed company</b>	
<b>Foreign listed company</b>	
<b>Foreign unlisted company</b>	
<b>Partnership</b>	
<b>Other (provide details)</b>	

**4. DOCUMENTATION REQUIRED:**

**4.1** Where applicable, submit certified true copies of the **Certificate of Incorporation 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** Where applicable, 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 (IF THE APPLICANT IS A CORPORATE ENTITY):**

Share structure	No of shares authorised	No of shares issued	Par value per share	Premium at issue	Current market value	Classes*	Voting rights
Ordinary Shares							
Preference Shares							
Other (specify)							

Provide a copy of the most recent share/securities register or indicate where it may be perused.

*\* Elaborate if there is more than one class of share with different voting rights.*

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**5.1** If the rights of shareholders of any class of shares may be modified other than by a vote, indicate this and explain briefly:

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**5.2. NON-VOTING SHAREHOLDERS:**

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

Name & address of shareholder	ID /passport /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 OF HOLDER	ID/PASSPORT/REGISTRATION NO	NO. OF SHARES HELD	PERCENTAGE SHAREHOLDING
<b>TOTAL SHAREHOLDING</b>			<b>100%</b>

**6.2. Indirect shareholding** - list all the persons holding an indirect shareholding of 30% or more in the applicant below:

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

**6.3.** List all the directors of the applicant, if applicable:

FULL NAME	ID/PASSPORT NO	EXECUTIVE/NON- EXECUTIVE	NATIONALITY	SHAREHOLDER REPRESENTED

**6.4.** List the executive management of the applicant below:

FULL NAME	ID/PASSPORT NO	DESIGNATED POSITION	NATIONALITY

**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

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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 30% 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 30% 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:

<b>SHAREHOLDING</b>	<b>TERMS</b>	<b>DATE</b>

**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:

<b>OBLIGATION</b>	<b>AMOUNT</b>	<b>INTEREST</b>	<b>TERMS</b>

**9. SHARE OPTIONS:**

**9.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



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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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**9.B.** Identify all persons holding the options as described in **9.A** and complete the table below:

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

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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 will reflect all transactions for the past three months.**

**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				

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Reg. No. of company				
Type of shares Held				
Purchase price of shares				
Number of shares held				
Date Acquired				
Percentage Ownership held				
Current market value				

**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 business(es).

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**13. MANAGEMENT AND OTHER CONTRACTS:**

Furnish the information below in respect of all entities with whom the applicant has management or other contracts valued at B\$200,000 or more, or from whom the company has received B\$200,000 or more in goods or services in the **six months** preceding this application.

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Name of contractor/supplier	Street address & telephone no	Goods/services supplied	Value of contract	Method of 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.

**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 30% or more in the applicant.

Where an applicant has been charged, an 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.



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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”.

**15.1. OFFICIAL ENQUIRY:**

Has the applicant, its owners, officers or any of its subsidiaries (if a company) 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?

Yes  No

If yes, provide details below:

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**15.2. INDICTMENTS, CHARGES AND CONVICTIONS:**

Has the applicant, its owners, officers or any of its subsidiaries (if the applicant is a company) 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, complete the table below:



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Case number	Nature of charge or complaint	Date	Jurisdiction and name of law enforcement agency	Court involved	Outcome/ Sentence

**16. TRADE REGULATIONS AND SECURITIES JUDGMENTS:**

Has the applicant, its owners, officers or any of its subsidiaries (if the applicant is a company) ever had a judgment, consent, decree or consent order pertaining to a violation or alleged violation of trade regulations or securities Acts or similar Acts of any country, entered against it?

Yes  No

If **yes**, complete the table below:

Case number	Name of court or agency	Nature of judgement, decree or order	Date entered

**17. INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT OR TRUSTEE:**

**17.A.** Has the applicant, its owners, officers or any associated company had any application or petition under any provision of any insolvency or bankruptcy legislation filed by or against it during the ten years preceding the date of this application?

Yes  No

If **yes**, provide details below:

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**17.B.** Has the applicant, its owners, officers or any associated company sought relief under any provision of any insolvency or bankruptcy legislation during the ten years preceding the date of this application?

**Yes**  **No**

If **yes**, provide details below:

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**18. EXISTING LITIGATION:**

Is the applicant, any owner, officer or subsidiary currently involved in any litigation?

**Yes**  **No**

If yes, on **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 B\$100 000 or the equivalent thereof.



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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.

**19. GAMING-RELATED LICENCES:**

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

LICENCE TYPE	ISSUING JURISDICTION	DATE GRANTED	EXPIRY DATE

*\* Provide copies of all licences granted as well as the conditions attached to each licence.*

**19.2.** Provide details below of all gaming-related licences **previously held**:

LICENCE TYPE	ISSUING JURISDICTION	DATE GRANTED	DATE TERMINATED	REASONS FOR TERMINATION

**19.3.** Provide details below of all gaming-related licences **previously denied**:

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

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

LICENCE TYPE	ISSUING JURISDICTION	DATE APPLIED FOR

**20. ATTACHMENTS (ALL DOCUMENTATION MUST BE SUPPLIED IN ENGLISH)**

The following documents must be appended to this application form:

**20.1. Audited financial statements of the applicant for the past three years.**

If the applicant has been dormant or has been newly acquired, audited statements are still required to satisfy the investigative authority that the applicant has no material liabilities or contingent liabilities.

**20.2. Annual reports of the owners of the applicant for the past three years.**

**20.3. Management accounts following the last audited financial statements to present date.**

**20.4. 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.

**21. TAX INFORMATION**

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

<b>Income tax reference no, if applicable</b>	
<b>Tax authority name, location &amp; contact no.</b>	
<b>VAT reference no. (if applicable)</b>	
<b>Other tax liability reference no's (specify)</b>	

**21.2.** Has the applicant submitted its income tax and all other required returns for the **three** years directly preceding the date of this application to the relevant Authorities?

Yes  No

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If **yes**, and the applicant is a foreign company, furnish tax clearance certificates or the equivalent from the country of origin.

If **no**, give an explanation below.

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Documentation in respect of any extension granted by any Tax Authority must also be attached.





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**AFFIDAVIT**

I, ....., 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.

\_\_\_\_\_  
**SIGNATURE OF DEPONENT**

\_\_\_\_\_  
**DATE**

I certify that:

This declaration was sworn to before me at ....., on this ..... day of ....., 20.....

.....  
**NOTARY PUBLIC/COMMISSIONER OF OATHS**

**Note: This affidavit must be accompanied by a Board resolution authorising the signatory to execute same.**

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AUTHORISED SIGNATURE



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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.

**AUTHORISATION**

I, \_\_\_\_\_  
*(Surname)*
*(Other names)*

\_\_\_\_\_  
*(Address)*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Personal Identity Number: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Address for Tax Purposes: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Entity (if authorising for an entity applicant): \_\_\_\_\_

Title, (if authorising for an entity applicant): \_\_\_\_\_

**HEREBY AUTHORISE** the Responsible Minister, the Secretary of the Gaming Board for The Bahamas the Commissioner of the Royal Bahamas Police Force or any person so designated in writing, pursuant to the provisions of the Gaming Act, 2014 (No. 40 of 2014) (hereinafter "the Act") (collectively the "Authorised Persons") -

1. to undertake any investigation concerning my eligibility qualification for a licence under the Act or, my suitability to be associated with a licence holder or applicant for a licence in terms of said Act;
2. on production of an original letter of authorisation, to inspect and obtain copies of:
  - (a) any credit report, other report, legal or personal information that has any bearing on my creditworthiness, credit history, credit standing or credit capacity;
  - (b) any loan information, cheque account records, savings deposit records, safe deposit box records, passbook records and bank statement sheets pertaining to me;
  - (c) any records relating to investigations of my activities conducted by any local or overseas police force, crime investigation agency, corporate regulatory agency or any gambling or casino regulatory body;
  - (d) any court records relating to any present or past civil or criminal court proceedings to which I am or was a party; and
  - (e) any other document, record or correspondence pertaining to me.

**ACKNOWLEDGEMENT**

**I understand that as an applicant for, or holder of, a license under the Act that I am obligated to timely pay to the Gaming Board all background investigation and regulatory investigative costs associated with licensure under the Act.**

\_\_\_\_\_  
 AUTHORISED SIGNATURE



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

**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**

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 Signature: \_\_\_\_\_

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

.....

**SIGNATURE OF APPLICANT**

**SIGNED AND SWORN TO** before me, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

.....

**NOTARY PUBLIC/COMMISSIONER OF OATHS**

**Note:** This Authorisation must be accompanied by a Board resolution authorising the signatory to execute same.

\_\_\_\_\_  
AUTHORISED SIGNATURE