



APPLICATION NUMBER
GBB 7.b.1

APPLICATION FOR REGISTRATION AS AN INDEPENDENT JUNKET AGENT

AN APPLICANT SEEKING REGISTRATION HAS NO RIGHT TO BE REGISTERED. ALL REGISTRATIONS WITH THE GAMING BOARD FOR THE BAHAMAS ARE CONTINGENT ON THE ONGOING SUITABILITY 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.

Registration of Independent Junket Agents (or Representatives) is required pursuant to Section 66 of the Gaming Act, 2014 which provides in pertinent part:

“No person shall, without the appropriate license or certificate of suitability, where required under the Act or without the prior approval of the Board, in any manner share directly or indirectly in the profits of any gaming.”

NOTE:

This Form must be completed jointly by the parties as follows:

- (i) The holder of the relevant Gaming Licence must complete Section A and insert the information requested in the Table immediately below, and
- (ii) The proposed Independent Junket Agent (or Representative) must complete Section B, the Affidavit & the Authorisation for Examination and Release of Information.

Registration as an independent junket agent shall remain effective until it is revoked, expires or is terminated, subject to annual renewal.

APPLICANT FOR REGISTRATION AS AN INDEPENDENT JUNKET AGENT:

Name of Gaming Licensee	
Name of proposed Independent Junket Agent (or Representative) (Natural Person)	
Duration of agreement for provisions of services	
Date of completion of form	

All correspondence must be addressed to:

The Secretary
Gaming Board for The Bahamas
Centreville House
2nd 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 natural person applicant identified on the front page.**
6. Return the completed form to the Secretary, Gaming Board for The Bahamas, Centreville House, 2nd Terrace West & Collins Avenue, Nassau, Commonwealth of The Bahamas.
7. The original **and one copy** of the completed application form and all the additional required information must be submitted to the Board.
8. If additional space is required to answer any question, please use additional pages, 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.
9. 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**.
10. If any details of the applicant, which are reflected in this application form, change before a registration has been issued by the Board, the Board must immediately be notified in writing.
11. All dates must be in the format: **Month / Day / Year**.

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SECTION A (TO BE COMPLETED BY GAMING LICENSEE)

Registered name		
Licence Number		
CONTACT PERSON FOR THIS APPLICATION:		
Title & Full Names		
Telephone & Fax Numbers		
E-mail address(es)		
AGREEMENT FOR PROVISION OF SERVICES BY INDEPENDENT AGENT OR REPRESENTATIVE:		
Actual/Projected date of commencement		
Projected date of termination (if any)		
Nature of services, resources and/or infrastructure to be provided (where applicable):		
Gaming Services:		
Human/management resources:		
Infrastructure:		
DECLARATION BY GAMING LICENSEE:		
<p>I,, declare that –</p> <p>(i) I have been authorised by the Gaming Licensee named herein to bring this application in conjunction with the proposed Independent Agent or Representative identified in this application;</p> <p>(ii) I have personally completed Section A of this application form and the particulars given herein are to the best of my knowledge true and accurate in every detail, and</p> <p>(iii) There are <u>no other agreements</u> which have been executed between the Gaming Licensee and the proposed Independent Agent or Representative, other than those which have been submitted to the Gaming Board in conjunction with this application.</p>		
_____	_____	_____
SIGNATURE	CAPACITY OF SIGNATORY	DATE

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SECTION B (TO BE COMPLETED BY PROPOSED INDEPENDENT AGENT OR REPRESENTATIVE)

1. IDENTIFYING DETAILS OF APPLICANT:

Full Name of Natural Person:	
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise:	
Social Security # or National ID #:	
Passport # & Country:	
Date of Birth:	
Place of Birth:	
Country of Citizenship:	
Sex:	
Colour of Eyes:	
Colour of Hair:	
Complexion:	
Height:	
Weight:	
Build:	
Telephone & Fax Numbers	E-mail address(es) (Required):
Residence:	
Business:	
Cellular:	
Fax:	
Principal Residential and/or Mailing Address of the Applicant:	
Street Address:	
City/Town & Province/State:	
Postal/Zip Code:	
Country:	
Mailing Address (If Different than Home Address):	
City/Town & Province/State:	
Postal/Zip Code:	
Country:	

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FOR OFFICE USE ONLY	REFERENCE NUMBER

IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON THIS FORM
COMPLETELY AND TRUTHFULLY WILL RESULT IN DENIAL
OF YOUR APPLICATION**

DOCUMENTATION REQUIRED:

NATURAL PERSON

SUBMIT THE FOLLOWING:

- (a) **Two (2) Passport sized photos** (*Photos should not be older than six (6) months*)
- (b) **A certified copy of your Driver's Licence**
- (c) **Copies of all pages of your Passport** (*Ensuring that all visa, work permit and permanent residence entries are clearly legible*)
- (d) **A copy of your Birth Certificate**
- (e) **Educational Verification** (*i.e. Copies of Diplomas, Certificates and Degrees, letter from school*)
- (f) **Criminal Record Character Certificate** (*not more than three (3) months old*) (*all applicants must submit an original police clearance certificate or the equivalent from their country of origin*)
- (g) **Finger Print Card**
- (h) **Proof of Residence Verification** (*i.e. Voters Card, Mortgage Agreement, Lease, Utility Bill, etcetera*)

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FOR OFFICE USE ONLY	REFERENCE NUMBER

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged
Life Partner

A. Current Marriage:

Date of Marriage:	
Place of Marriage (City/County/State/Country):	
Spouse's/Partner's Full Name:	
Social Security # or National ID #:	
Passport # & Country:	
Date of Birth	
Place of Birth:	
Residence Address:	
Spouse's Occupation:	
Spouse's Employer:	
Address of Employer:	
Telephone Numbers	
Residence:	
Business:	

B. Previous Marriages: If ever legally separated, divorced or annulled, indicate below:

Name of Spouse:	
Date of Order or Divorce Decree:	
Date and Place of Marriage:	
Nature of Action:	
City/County/State	

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3. FAMILY INFORMATION:

A. Children and Dependents: list all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

District attorney or public agency responsible for enforcing the child support order:

Name: _____

Address: _____

Contact Person: _____

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FAMILY INFORMATION – Continued:

C. Parents:

List names, residence address, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. **If retired or deceased, list last address and occupation.**

Name	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence address, date of birth, and most recent occupations of brothers and sisters and of their respective spouses.

Name	Birth Date	Address	Occupation
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			
Sibling			
Spouse			

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FOR OFFICE USE ONLY	REFERENCE NUMBER

4. BANKING ACCOUNT DETAILS:

A. Provide details below of all the bank accounts (current, credit card, bond, savings, call, local or foreign investments or any similar account) currently held by you, your spouse, common law spouse or legal partner.

Date acquired	Name and Address of Financial Institution	Name of account holder	Account number

**Provide copies of the statements of every bank account listed above for the past three months.*

B. Provide details below of all the bank accounts (current, credit card, bond savings, call, local or foreign investments or any similar account) closed by you, your spouse, common law spouse or partner in the past two (2) years.

Date closed	Name and Address of Financial Institution	Name of account holder	Account number	Detailed reasons for closing the account

_____ **AUTHORISED SIGNATURE**



FOR OFFICE USE ONLY	REFERENCE NUMBER

5. MONTHLY INCOME & EXPENDITURE STATEMENT:

A. Provide details below of your monthly income and expenditures based upon 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 and the date of the exchange rate. For the purposes of the Statement below, the expression “Spouse” includes a common law spouse or legal partner.

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

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			

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FOR OFFICE USE ONLY	REFERENCE NUMBER

Medical expenses			
Motor vehicle maintenance expenses			
Repayment of borrowings			
Telephone/Broadband/Internet			
Travelling			
Vehicle Finance/Instalments			
Other expenses (Specify)			
TOTAL EXPENDITURE (B)			
NET INCOME/DEFICIT (A-B)			

6. RESIDENCES:

Beginning with your current residence, list all residences you have had for the last ten (10) years:

Month and Year (From – To):	Street and Number	City	State or Country
–			
–			
–			
–			
–			
–			
–			
–			
–			
–			
–			

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FOR OFFICE USE ONLY	REFERENCE NUMBER

7. EMPLOYMENT INFORMATION:

A. Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past fifteen (15) years.

Month and Year (From-To) —	Name/Mailing Address/Type of Business/Phone Number	Reason for Leaving	
Title	Description of Duties	Name of Supervisor/Title	Gaming Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Month and Year (From-To) —	Name/Mailing Address/Type of Business/Phone Number	Reason for Leaving	
Title	Description of Duties	Name of Supervisor/Title	Gaming Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Month and Year (From-To) —	Name/Mailing Address/Type of Business/Phone Number	Reason for Leaving	
Title	Description of Duties	Name of Supervisor/Title	Gaming Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Month and Year (From-To) —	Name/Mailing Address/Type of Business/Phone Number	Reason for Leaving	
Title	Description of Duties	Name of Supervisor/Title	Gaming Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Month and Year (From-To) —	Name/Mailing Address/Type of Business/Phone Number	Reason for Leaving	
Title	Description of Duties	Name of Supervisor/Title	Gaming Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Month and Year (From-To) —	Name/Mailing Address/Type of Business/Phone Number	Reason for Leaving	
Title	Description of Duties	Name of Supervisor/Title	Gaming Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Month and Year (From-To) —	Name/Mailing Address/Type of Business/Phone Number	Reason for Leaving	
Title	Description of Duties	Name of Supervisor/Title	Gaming Present <input type="checkbox"/> Yes <input type="checkbox"/> No
Month and Year (From-To) —	Name/Mailing Address/Type of Business/Phone Number	Reason for Leaving	
Title	Description of Duties	Name of Supervisor/Title	Gaming Present <input type="checkbox"/> Yes <input type="checkbox"/> No

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FOR OFFICE USE ONLY	REFERENCE NUMBER

8. CHARACTER REFERENCES:

List three (3) character references who have known you five years or more. Do not include relatives, present employer, or employees.

Name and Employer	Street, City, State, Country, Zip Code	Telephone	Years Known
Name	Home	() _____	
Employer	Business	() _____	
Name	Home	() _____	
Employer	Business	() _____	
Name	Home	() _____	
Employer	Business	() _____	

9. Have you registered as an Independent Agent with the Nevada Gaming Control Board in the last ten (10) years?

Yes No

10. If you were previously registered, but are not currently registered, list all casino properties where you were previously registered.

11. List all jurisdictions where you have been registered or licensed as an Independent Agent in the last ten (10) years.

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FOR OFFICE USE ONLY	REFERENCE NUMBER

12. Have you ever held a privileged or professional license in any country, including but not limited to the following:

- | | | | | |
|--------------------------------|-----------------|---------------------------|-------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities Dealer | Insurance |
| Real Estate broker or salesman | Doctor | Jockey | Contractor | Gaming |
| Accountant | Boxing promoter | Trainer or Manager | Pilot | |

Yes No

If yes, state the type, where dates held, and the nature of any disciplinary actions taken against you:

13. Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutuel operation, in any country?

Yes No

A. If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners.

B. Have you ever appeared before any licensing agency or similar authority in or outside The Bahamas, for any reason whatsoever?

Yes No

If yes, submit details.

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FOR OFFICE USE ONLY	REFERENCE NUMBER

14. Have you ever been refused a gaming licence or related finding of suitability or been a participant in any group which has been denied a gaming licence or related finding of suitability?

Yes No

If yes, state where, when, and for what reason.

15. Have you ever been granted a gaming licence or been a participant in any group which has been issued a gaming licence in The Bahamas?

Yes No

If yes, state type of licence, name of establishment, location, and period held.

16. Do you have any relatives associated with or employed in the gaming industry?

Yes No

If yes, state name, relationship, and association or employment.

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FOR OFFICE USE ONLY	REFERENCE NUMBER

17. If currently or previously employed in gaming in the jurisdiction of The Bahamas, provide place of employment and dates of service.

18. Are you currently indebted to a gaming licensee? Yes No

If yes, describe the nature of the debt and the amount.

19. Have you had any personal indebtedness to a gaming licensee written off in the past three (3) years?

Yes No

If yes, describe the nature of the write-off and the amount.

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FOR OFFICE USE ONLY	REFERENCE NUMBER

20. ARREST INFORMATION:

Arrests, Detentions and Litigations: (List all arrests regardless of disposition, expunged or sealed.)

A. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except **minor** traffic citations.)

Yes **No**

Date of Arrest	Age	Charge	Location – City/State/Country	Disposition and Date	Arresting Agency

****International Applicants must submit a Certificate of Non-Criminal Conviction with this form.**

B. Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party?

Yes **No** **If yes, furnish details.**

C. Have you ever been questioned or deposed by a city, state, federal, or law enforcement agency, commission or committee?

Yes **No**

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FOR OFFICE USE ONLY	REFERENCE NUMBER

D. Have you ever been subpoenaed to appear or testify a federal grand jury, board or commission? **Yes** **No**

E. Have you ever had a civil or criminal record expunged or sealed by a court order?
Yes **No**

If yes, when? _____ city, country, state: _____

F. Have you ever received a pardon for any criminal offense? **Yes** **No**

If yes, when? _____ city, country, state: _____

G. Has any member of your family or of your spouse’s family ever been convicted of a felony? **Yes** **No**

If yes, complete the following:

Name	Relationship	Date	Charge	Location

H. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation or LLC, been a party to a lawsuit or arbitration as either a plaintiff or defendant? **Yes** **No** (Other than divorces.)

If yes, give details below.

Date Filed	Description of Lawsuit	Court and Case Number	City, Country and State	Disposition/Date

***If your answer to any of the above questions (A through H) is yes, furnish details and provide copy of complaint.**

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FOR OFFICE USE ONLY	REFERENCE NUMBER

21. BANKRUPTCY:

A. Have you ever filed for bankruptcy?

Yes No

If yes, provide a copy of the bankruptcy filing and subsequent discharge.

Date of Bankruptcy	Location of Filing	Date of Discharge

22. MILITARY INFORMATION:

Have you ever served in the armed forces? Yes No

Country: _____ Branch: _____

Date of separation: _____ Type of Discharge: _____

Rating at separation: _____ Serial Number: _____

While in the military service were you ever arrested which resulted in summary action, a trial, or special or general court martial? Yes No

If yes, furnish details below. (List all incidents regardless of where they occurred – foreign or domestic.)

23. EDUCATION:

Name of School	Location	Date Attended	Graduate
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

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FOR OFFICE USE ONLY	REFERENCE NUMBER

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 registration 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: If the applicant is other than a natural person this affidavit must be accompanied by a Board resolution authorising the signatory to execute same.

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FOR OFFICE USE ONLY	REFERENCE NUMBER

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.

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FOR OFFICE USE ONLY	REFERENCE NUMBER

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 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