

GENERAL APPLICATION FORMS



ALDERNEY
GAMBLING CONTROL COMMISSION

APPLICANT NAME:

Application for (please tick):

Category 1 eGambling licence

Category 2 eGambling licence

Core services associate certificate

Category 1 associate certificate

Category 2 associate certificate

Temporary eGambling licence

NOTES TO APPLICANTS (to assist completion of Application Form)

1. The principal purpose of seeking the information required by this Application Form is to provide the Commission with core basic factual details, thereby enabling it to:
 - make preliminary investigations in order to ascertain the full scope of its investigations,
 - identify where further information will need to be requested and/or required, and
 - identify any key individuals who will be designated in accordance with regulation 136 of the Alderney eGambling Regulations, 2009.
2. Additional information may be sought by way of a meeting with an officer of the Commission.
3. If any details set out on this Application Form change prior to the determination of this Application, you must notify the Commission in writing as soon as reasonably practicable.
4. The information provided must be accurate and truthful. {NB section 24(1) of the Alderney eGambling Ordinance, 2009 creates an offence of obtaining a licence by false statement, declaration or information.}
5. Wherever possible, use BLOCK CAPITALS.
6. All dates should be in the form Day/Month/Year.
7. Answer every question, using "N/A" or "NIL" where applicable.
8. Use additional sheets as necessary, cross-referencing against the relevant question the additional sheet(s) on which the answer is to be found.
9. If the deposit of investigation monies required by the Alderney eGambling Regulations, 2009 has not already been made, it must accompany the submission of this Application Form.
10. Applicants are reminded that they must complete and submit for publication the notice set out in [Schedule 2](#).

SECTION 1: APPLICANT'S DETAILS

(1) **Name of applicant** _____

(2) **Company number** _____

(3) **Date of incorporation** _____

Registered office _____

(4) **Correspondence address** _____

Nominated principal contact person _____

Tel: _____

Email: _____

Fax: _____

I/we confirm that the required application deposit has been remitted.

Yes

SECTION 2: CORPORATE INFORMATION

- (5) **Type of company** *eg, public/private, limited by share/guarantee etc*

Please supply a copy of the certificate of incorporation

- (6) **Previous company name(s)** _____

- (7) **Please describe the company's objectives and outline the proposed eGambling activity**

- (8) **Shareholders**

Please list known shareholders holding 3% or more of issued share capital

Name

% of issued capital

- (9) **Group corporate structure**

Please attach a diagram showing

- *the complete group structure including any parent company, subsidiary or associated company*
- *the ultimate beneficial owner(s) of the applicant*
- *the activities of each entity in the group*

For each entity in the group, state where registered and ownership

(10) Group investors

Please list all known shareholders holding 3% or more of the applicant's parent company

<u>Name</u>	<u>% of issued capital / entity</u>
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(11) Officers and management

Please list directors, company secretary and senior managers of the applicant and, where applicable, of other group entities who will control or exercise influence over the applicant's business and/or operational functions

Please supply brief biographies or cvs for each named individual

Please attach a company organisation chart showing reporting structures

Name

Position

Relationship to Applicant

SECTION 3: RESOURCES

(12) Funding

Please detail the amount and source(s) of funds to be utilised to establish the proposed eGambling activity.

Please supply recent audited accounts for any business entity which is funding or supporting the proposed eGambling activity.

(13) Business Plan

Please supply a business plan for the proposed eGambling operation, covering the types of eGambling to be conducted, the platform to be used, the timescale for full activation, projected player numbers and revenues. If appropriate please supply screen shots and a diagram of the proposed network architecture.

Will you be registering players? Yes No

Will you be effecting the gambling transaction? Yes

Please name any providers of core services such as games software. Please note that these suppliers may require an Alderney core services associate certificate.

(14) Hosting

Where will your servers or RNG be located?

Who is your proposed hosting provider?

(15) Regulatory status

Does your organisation or an associated business entity hold a gaming related licence

anywhere else in the world? If so, please supply copies of any such licence(s).

(16) Litigation

(a) *Has your organisation or an associated business entity been fined or censured by any regulatory body in the last 10 years?*

Yes No

If yes, please supply details

(b) *Has your organisation or an associated business entity been involved in substantial litigation in the last 10 years?*

Yes No

If yes, please supply details

(17) Further information:

Please add any further information which you consider relevant to assist the Commission in determining your application.

DECLARATION

I have been duly authorised by the applicant to make this application on its behalf (see certified true copy of minute attached).

I declare that the information contained in this application is true and accurate to the best of my knowledge, information and belief and that, if any of the information contained in or appended to this application is discovered to be false, I may be liable to prosecution.

Signature: _____

Name (print): _____

Date: _____

* * * * *

The original completed application form and any attachments should be bound as a single document and, together with ONE unbound copy of the same, should be forwarded to:

[\[Director\]](#)

Alderney Gambling Control Commission

St Anne's House

Queen Elizabeth II Street

ALDERNEY

GY9 3TB

via United Kingdom.
