



ALDERNEY  
GAMBLING CONTROL COMMISSION

APPLICATION FORM FOR

**KEY INDIVIDUAL CERTIFICATE**

IN RESPECT OF

[INSERT NAME OF APPLICANT]

NOTES TO APPLICANTS

1. The principal purpose of seeking the information required by this application form is to provide the Commission with information which will allow it to:
  - make preliminary investigations in order to ascertain the full scope of its investigations; and
  - identify where further information will need to be requested and/or required.
2. The information provided must be accurate and truthful. It is a criminal offence to obtain a certificate by false statement, declaration or information. If any details set out on this application form change prior to the determination of the application, you must notify the Commission in writing as soon as reasonably practicable. [NB section 24(1) of the Alderney eGambling Ordinance, 2009 creates an offence of making a false declaration or statement or giving false information for the purposes of satisfying a requirement under the Alderney eGambling Regulations, 2009.]
3. Every question should be answered in full, using additional sheets or attachments as necessary. Where a section or question is not applicable, please use “N/A” or “NIL”.
4. Wherever possible, use BLOCK CAPITALS.
5. All dates should be in the form day / month / year.
6. This application form must be accompanied by:
  - (a) two copies of a recent passport-sized photograph; and
  - (b) a letter confirming that the applicant is indeed a key individual,
  - (c) the required investigation deposit of £1,000.

## **SECTION 1: APPLICANT'S PERSONAL DETAILS**

| <b>NAME</b> |   |                           |
|-------------|---|---------------------------|
| 1A          | Surname   | Click here to enter text. |
|             | First Name  | Click here to enter text. |
|             | Middle Name(s)  | Click here to enter text. |
|             | Alias(es), Nickname(s),<br>Maiden Name, other name(s)<br>by which you have been, or<br>are, known | Click here to enter text. |

| <b>ADDRESS(ES)</b> |   |
|--------------------|---|
| 1B                 | Present Residential Address: Click here to enter text.<br>Postcode: Click here to enter text.   |
|                    | Postal address ( <i>if different</i> ): Click here to enter text.   |
|                    | Contact details (telephone numbers, etc.):<br>Home: Click here to enter text.      Business: Click here to enter text.<br>Mobile: Click here to enter text.      Other: Click here to enter text.<br>Fax: Click here to enter text.      Email: Click here to enter text. |
|                    |   |

| <b>BIRTH DETAILS</b> |  |  |
|----------------------|--|--|
| 1C                   | Date of Birth:   | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> |
|                      | Place of birth (town, county, country): Click here to enter text.<br>(attach a copy of your birth certificate) |  |

| <b>OCCUPATION</b> |  |
|-------------------|--|
| 1D                | Occupation:<br>Click here to enter text.   |
|                   | Name of employer: Click here to enter text.<br>Present business address: Click here to enter text.     |
|                   | Please explain your role in the organisation and attach a job description<br>Click here to enter text. |

| <b>NATIONALITY AND PASSPORT DETAILS</b> |   |   |
|---|---|---|
| 1E                                      | What is your nationality/citizenship?<br>Click here to enter text.  |   |
|   | Passport Number: Click here to enter text.<br><br><i>(attach a copy of the cover and personal identification pages of your passport(s))</i> |   |
|   | Place and country of issue: Click here to enter text.   |   |
|   | Date of issue: Click here to enter a date.  | Date of expiry: Click here to enter a date.                 |
|   | Have you ever been deported from any country?<br><i>(if YES, please explain the circumstances)</i>  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |

**SECTION 2: APPLICANT'S HOUSEHOLD DETAILS**

| <b>MARITAL INFORMATION</b> |   |
|----------------------------|---|
| 2A                         | <p>What is your marital status? <i>(please select)</i><br/>           Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/><br/>           Co-habiting <input type="checkbox"/></p> <p>Date and place of marriage/civil partnership: <a href="#">Click here to enter a date.</a></p> <p>Full name of spouse/partner: <a href="#">Click here to enter text.</a></p> <p>Maiden name <i>(if applicable)</i> of spouse/partner: <a href="#">Click here to enter text.</a></p> <p>Date of birth of spouse/partner: <a href="#">Click here to enter a date.</a><br/>           Place of birth of spouse/partner: <a href="#">Click here to enter text.</a></p> <p>If married, have you been married before? YES <input type="checkbox"/> NO <input type="checkbox"/><br/>           If yes, please give details of any financial maintenance for previous spouse and/or any children. <a href="#">Click here to enter text.</a></p> |

| <b>SPOUSE/PARTNER DETAILS</b> |   |
|-------------------------------|---|
| 2B                            | <p>Spouse's/partner's residential address: <a href="#">Click here to enter text.</a></p> <p>Spouse's/partner's occupation: <a href="#">Click here to enter text.</a></p> <p>Spouse's/partner's employer &amp; the nature of their business: <a href="#">Click here to enter text.</a><br/> <i>(include address)</i></p> |

| PREVIOUS SPOUSE/PARTNER DETAILS |  |
|---------------------------------|--|
| 2C                              | Spouse's/partner's residential address: <a href="#">Click here to enter text.</a>  |
|                                 | Spouse's/partner's occupation: <a href="#">Click here to enter text.</a>   |
|                                 | Spouse's/partner's employer & the nature of their business<br><a href="#">Click here to enter text.(include address)</a> |

| OTHER MEMBERS OF HOUSEHOLD |  |   |   |   |
|----------------------------|--|---|---|---|
| 2C                         | List all members of your household, eg, children, parents, siblings, etc.<br><i>(show relationship of each to you)</i> |   |   |   |
|                            | Full Name  | Date of birth                               | Relationship                              | Occupation                                |
|                            | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter a date.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
|                            | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter a date.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
|                            | <a href="#">Click here to enter text.</a>  | <a href="#">Click here to enter a date.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> |
|                            | <i>(continue, as necessary)</i>  |   |   |   |

| PREVIOUS RESIDENCES |  |  |
|---------------------|--|--|
| 2D                  | List <u>all</u> previous addresses at which you have been resident for 1 month or more during the preceding 10 years in reverse chronological order Please explain the background and reason(s) for any significant moves. |  |
|                     | Dates  | Full address (including postcode) Type of occupation<br><i>(eg, owned, rented, etc.)</i> |
|                     | Click here to enter a date.  | Click here to enter text. Click here to enter text.                                      |
|                     | Click here to enter a date.  | Click here to enter text. Click here to enter text.                                      |
|                     | Click here to enter a date.  | Click here to enter text. Click here to enter text.                                      |
|                     | Click here to enter a date.  | Click here to enter text. Click here to enter text.                                      |
|                     | Click here to enter a date.  | Click here to enter text. Click here to enter text.                                      |
|                     | Click here to enter a date.  | Click here to enter text. Click here to enter text.                                      |
|                     | Click here to enter a date.  | Click here to enter text. Click here to enter text.                                      |

### **SECTION 3: APPLICANT'S EDUCATION AND EMPLOYMENT**

| EDUCATION |  |
|-----------|--|
| 3A        | Please give details of all secondary and further education, including establishments attended (with dates), subjects studied, courses followed and qualifications obtained.<br>Click here to enter text. |
| 3B        | Professional Qualifications <i>(if any)</i> :<br>Click here to enter text.<br><br><i>(attach evidence of qualification(s))</i>   |

| <b>PROPOSED ROLE IN eGAMBLING OPERATION</b> |  |
|---|--|
| 3C  | <p>Please give a full description of your actual/proposed role in the eGambling operation:<br/> <a href="#">Click here to enter text.</a></p>                      |
|   | <p>Previous experience within the gambling industry:<br/> <a href="#">Click here to enter text.</a> <i>(summarise skills developed and/ or qualifications)</i></p> |
|   | <p>Previous experience with internet-related business(es)<br/> <a href="#">Click here to enter text.</a></p>   |

| <b>EMPLOYMENT HISTORY</b> |  |
|---------------------------|--|
| 3D                        | <p>Please describe your career to date, including an explanation of your skills, experience and career development.<br/> <a href="#">Click here to enter text.</a></p> |



**EMPLOYMENT HISTORY**

|    |  |
|----|--|
| 3E | <p>Please list <u>all</u> previous employments held in reverse chronological order, giving the following information.<br/>Please give full explanation for any gaps in employment of more than a month.</p> <p><b>Joining/leaving dates (month and year):</b><br/>Click here to enter a date. - Click here to enter a date.</p> <p><b>Name and address of employer:</b><br/>Click here to enter text.</p> <p><b>Nature of employer:</b><br/>Click here to enter text.</p> <p><b>Job title:</b><br/>Click here to enter text.</p> <p><b>Nature of the role and your part in the organisation:</b><br/>Click here to enter text.</p> <p><b>Reason for leaving:</b><br/>Click here to enter text.</p> |
|----|--|

|    |  |
|----|--|
| 3F | <p>Have you ever been dismissed, discharged or asked to resign from any employment? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>(if YES, supply date, employment in question and explain the circumstances)</i></p> |
|----|--|

|    |   |
|----|---|
| 3G | <p>Have you ever been a director of, or held an executive position with, any company that has either been in liquidation or receivership? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>(if YES, supply details of date, company involved and circumstances)</i></p> |
|----|---|

**SECTION 4: APPLICANT'S FINANCES**

| <b>RECENT INCOME</b>   |  |   |  |  |        |   |   |   |   |              |   |
|--|--|---|--|--|--------|---|---|---|---|--------------|---|
| 4A   | <p>Attach a summary of your gross income from all sources, for each of the preceding 5 years in the following format:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Year ended: <a href="#">Click here to enter a date.</a></td> </tr> <tr> <td style="width: 70%;">Source (<i>give full details and addresses of sources</i>)</td> <td style="width: 30%;">Amount</td> </tr> <tr> <td><a href="#">Click here to enter text.</a></td> <td>£<a href="#">Click here to enter text.</a></td> </tr> <tr> <td><a href="#">Click here to enter text.</a></td> <td>£<a href="#">Click here to enter text.</a></td> </tr> <tr> <td><b>TOTAL</b></td> <td>£<a href="#">Click here to enter text.</a></td> </tr> </table> <p><i>(also attach a copy of your latest Tax return)</i><br/>Please confirm your current salary:</p> | Year ended: <a href="#">Click here to enter a date.</a> |  | Source ( <i>give full details and addresses of sources</i> ) | Amount | <a href="#">Click here to enter text.</a> | £ <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | £ <a href="#">Click here to enter text.</a> | <b>TOTAL</b> | £ <a href="#">Click here to enter text.</a> |
| Year ended: <a href="#">Click here to enter a date.</a>      |  |   |  |  |        |   |   |   |   |              |   |
| Source ( <i>give full details and addresses of sources</i> ) | Amount   |   |  |  |        |   |   |   |   |              |   |
| <a href="#">Click here to enter text.</a>                    | £ <a href="#">Click here to enter text.</a>  |   |  |  |        |   |   |   |   |              |   |
| <a href="#">Click here to enter text.</a>                    | £ <a href="#">Click here to enter text.</a>  |   |  |  |        |   |   |   |   |              |   |
| <b>TOTAL</b>   | £ <a href="#">Click here to enter text.</a>  |   |  |  |        |   |   |   |   |              |   |

| <b>BANKRUPTCY</b> |  |
|-------------------|--|
| 4B                | <p>Have you ever been bankrupt or had your affairs declared en désastre or taken advantage of any laws relating to personal insolvency?<br/><i>(if YES, supply details of date and circumstances)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/><br/>No <input type="checkbox"/></p> |

| <b>TRUSTS</b> |  |
|---------------|--|
| 4C            | <p>Are you a settlor, beneficiary and/or trustee of any trust or settlement?<br/><i>(if YES, supply full details of trust/settlement concerned)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/><br/>No <input type="checkbox"/></p> |

| <b>BANK ACCOUNTS</b>                              |  |   |  |                 |        |                           |                             |                           |                             |
|---|--|---|--|-----------------|--------|---------------------------|-----------------------------|---------------------------|-----------------------------|
| 4D  | <p>Attach a list of <u>all</u> your bank account details in the following format:</p> <table border="1" style="width: 100%;"> <tr> <td colspan="2">Name of institution:<br/>Click here to enter text.</td> </tr> <tr> <td style="width: 50%;">Type of account</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td>Click here to enter text.</td> <td>£ Click here to enter text.</td> </tr> <tr> <td>Click here to enter text.</td> <td>£ Click here to enter text.</td> </tr> </table> <p>[NB <i>copy statements may be required by the Commission</i>]</p> | Name of institution:<br>Click here to enter text. |  | Type of account | Amount | Click here to enter text. | £ Click here to enter text. | Click here to enter text. | £ Click here to enter text. |
| Name of institution:<br>Click here to enter text. |  |   |  |                 |        |                           |                             |                           |                             |
| Type of account                                   | Amount   |   |  |                 |        |                           |                             |                           |                             |
| Click here to enter text.                         | £ Click here to enter text.  |   |  |                 |        |                           |                             |                           |                             |
| Click here to enter text.                         | £ Click here to enter text.  |   |  |                 |        |                           |                             |                           |                             |

| <b>INVESTMENTS</b>                                       |   |  |                             |                             |  |  |      |        |               |                  |                 |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |
|--|---|--|-----------------------------|-----------------------------|--|--|------|--------|---------------|------------------|-----------------|------|--------|---------------------------|-----------------------------|-----------------------------|------|--------|---------------------------|-----------------------------|-----------------------------|------|--------|---------------------------|-----------------------------|-----------------------------|------|--------|---------------------------|-----------------------------|-----------------------------|
| 4E   | <p>Attach a list of <u>all</u> your investments (eg, shares, bonds, debentures, notes, etc.) in the following format:</p> <table border="1" style="width: 100%;"> <tr> <td colspan="5">Name and address of entity:<br/>Click here to enter text.</td> </tr> <tr> <td>Type</td> <td>Number</td> <td>Year acquired</td> <td>Acquisition cost</td> <td>Estimated value</td> </tr> <tr> <td>Type</td> <td>Number</td> <td>Click here to enter text.</td> <td>£ Click here to enter text.</td> <td>£ Click here to enter text.</td> </tr> <tr> <td>Type</td> <td>Number</td> <td>Click here to enter text.</td> <td>£ Click here to enter text.</td> <td>£ Click here to enter text.</td> </tr> <tr> <td>Type</td> <td>Number</td> <td>Click here to enter text.</td> <td>£ Click here to enter text.</td> <td>£ Click here to enter text.</td> </tr> <tr> <td>Type</td> <td>Number</td> <td>Click here to enter text.</td> <td>£ Click here to enter text.</td> <td>£ Click here to enter text.</td> </tr> </table> | Name and address of entity:<br>Click here to enter text. |                             |                             |  |  | Type | Number | Year acquired | Acquisition cost | Estimated value | Type | Number | Click here to enter text. | £ Click here to enter text. | £ Click here to enter text. | Type | Number | Click here to enter text. | £ Click here to enter text. | £ Click here to enter text. | Type | Number | Click here to enter text. | £ Click here to enter text. | £ Click here to enter text. | Type | Number | Click here to enter text. | £ Click here to enter text. | £ Click here to enter text. |
| Name and address of entity:<br>Click here to enter text. |   |  |                             |                             |  |  |      |        |               |                  |                 |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |
| Type   | Number  | Year acquired  | Acquisition cost            | Estimated value             |  |  |      |        |               |                  |                 |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |
| Type   | Number  | Click here to enter text.                                | £ Click here to enter text. | £ Click here to enter text. |  |  |      |        |               |                  |                 |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |
| Type   | Number  | Click here to enter text.                                | £ Click here to enter text. | £ Click here to enter text. |  |  |      |        |               |                  |                 |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |
| Type   | Number  | Click here to enter text.                                | £ Click here to enter text. | £ Click here to enter text. |  |  |      |        |               |                  |                 |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |
| Type   | Number  | Click here to enter text.                                | £ Click here to enter text. | £ Click here to enter text. |  |  |      |        |               |                  |                 |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |      |        |                           |                             |                             |

| <b>CURRENT ASSETS</b> |   |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |
|-----------------------|---|-------------|------------------|------|---------|------|---------|------|---------|------|---------|------|---------|------|---------|------|---------|
| 4F                    | <p>Provide details of other current financial assets, eg, debts owed to you, pension scheme benefits, etc.:</p> <table style="width: 100%;"> <tr> <td style="text-align: left;"><u>Type</u></td> <td style="text-align: right;"><u>Value (£)</u></td> </tr> <tr> <td>Type</td> <td style="text-align: right;">£ Value</td> </tr> <tr> <td>Type</td> <td style="text-align: right;">£ Value</td> </tr> <tr> <td>Type</td> <td style="text-align: right;">£ Value</td> </tr> <tr> <td>Type</td> <td style="text-align: right;">£ Value</td> </tr> <tr> <td>Type</td> <td style="text-align: right;">£ Value</td> </tr> <tr> <td>Type</td> <td style="text-align: right;">£ Value</td> </tr> <tr> <td>Type</td> <td style="text-align: right;">£ Value</td> </tr> </table> | <u>Type</u> | <u>Value (£)</u> | Type | £ Value | Type | £ Value | Type | £ Value | Type | £ Value | Type | £ Value | Type | £ Value | Type | £ Value |
| <u>Type</u>           | <u>Value (£)</u>  |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |
| Type                  | £ Value   |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |
| Type                  | £ Value   |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |
| Type                  | £ Value   |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |
| Type                  | £ Value   |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |
| Type                  | £ Value   |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |
| Type                  | £ Value   |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |
| Type                  | £ Value   |             |                  |      |         |      |         |      |         |      |         |      |         |      |         |      |         |

| PROPERTY |  |               |                  |                 |
|----------|--|---------------|------------------|-----------------|
| 4G       | Attach a list of any property you own or in which you have an interest in the following format. For any property other than your main residence, please explain usage and any associated income. |               |                  |                 |
|          | Location and description   | Year acquired | Acquisition cost | Estimated value |
|          | Click here to enter text.  | Year          | £ Value          | £ Value         |
|          | Click here to enter text.  | Year          | £ Value          | £ Value         |
|          | Click here to enter text.  | Year          | £ Value          | £ Value         |

| OTHER ASSETS |  |               |                  |                 |
|--------------|--|---------------|------------------|-----------------|
| 4H           | Attach a list of <u>all</u> your other assets (eg, motor vehicle(s), boat(s), furniture, jewellery, antiques, other valuable collections, etc.) in the following format: |               |                  |                 |
|              | Description  | Year acquired | Acquisition cost | Estimated value |
|              | Click here to enter text.  | Year          | £ Value          | £ Value         |
|              | Click here to enter text.  | Year          | £ Value          | £ Value         |
|              | Click here to enter text.  | Year          | £ Value          | £ Value         |



**LOANS AND LONG TERM LIABILITIES**

4J Attach details of all loans and other long term liabilities for which you are solely or jointly responsible in the following format:

**Purpose of loan:**

Click here to enter text.

**Amount of loan (£):**

Click here to enter text.

**Amount outstanding (£):**

Click here to enter text.

**Name of lender:**

Click here to enter text.

**Name of borrower(s):**

Click here to enter text.

**Date of loan:**

Click here to enter a date.

**Monthly payment (£):**

Click here to enter text.

**CREDIT CARDS, STORE CARDS, ETC.**

4K Attach details of all credit cards, store cards and other such outstanding liabilities at the date of your application in the following format:

**Name of financial institution:**

Click here to enter text.

**Amount outstanding:**

Click here to enter text.

**Monthly payment**

Click here to enter text.

**OTHER LIABILITIES**

4L Provide details of other current liabilities or contingent liabilities (i.e., of an indefinite amount and/or unspecified amount for which you might in future become liable), indicating creditor, type and amount:

Creditor: [Click here to enter text.](#)

Explanation of nature of liability (including details of any security)  
[Click here to enter text.](#)

Date incurred: [Click here to enter a date.](#)

Date of liability: [Click here to enter a date.](#)

Amount: [Click here to enter text.](#)

## **SECTION 5: APPLICANT'S CHARACTER**

| <b>CRIMINAL/DISCIPLINARY BEHAVIOUR</b> |  |   |
|--|--|---|
| 5A                                     | Have you, your spouse/partner or a member of your household (as specified in this Application) ever been:  |   |
|  | (a) investigated   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
|  | (b) arrested   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
|  | (c) charged  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
|  | (d) convicted<br>in respect of a criminal offence (other than a minor motoring offence)?   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
|  | Are you aware that an investigation might be pending against you, your spouse/partner or a member of your household?<br>(if you have answered YES to any of the above questions, provide a detailed explanation, setting out the nature of the investigation/offence in question, the date(s) and the outcome) | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| 5B                                     | Have you ever been disciplined in any way by a professional body for whatever reason?<br>(if YES, provide details of date(s) and circumstances)  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| <b>LITIGATION</b>                      |  |   |
| 5C                                     | Have you ever been a party to any civil litigation or are you aware that any action might be pending against you?  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
|  | Has a judgment of any type (including a wage arrest/attachment) ever been entered against you?<br>(if YES, provide full details of date(s), circumstances and outcome)   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
| 5D                                     | Have you ever had any article repossessed by a finance company, etc. for any reason, eg, default in repayments?<br>(if YES, provide full details of date, circumstances and reason)  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |



| REGULATION OF GAMBLING ACTIVITY |   |   |
|---------------------------------|---|---|
| 5E                              | <p>Have you or your spouse/partner ever applied to any authority anywhere in connection with any licence, certificate or permit, however described, in connection with a gambling activity?<br/><i>If YES, provide full details of date, authority and explain circumstances.</i></p>   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |
|                                 | <p>Have you or your spouse/partner ever been investigated or dealt with in respect of any disciplinary matter by a regulatory authority regulating a gambling activity or is any such matter pending?<br/><i>If YES, provide full details of date, nature of matter and outcome</i></p> | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |

| <b>CHARACTER REFERENCES</b> |  |
|-----------------------------|--|
| 5F                          | Provide details of 3 persons known to you for at least 5 years who can vouch for your character and who are not family members, fellow directors or employees:   |
|                             | <p><b>Name:</b>           Click here to enter text.</p> <p><b>Address:</b>       Click here to enter text.</p><br><p><b>Telephone:</b>     Click here to enter text.</p> <p><b>Email:</b>           Click here to enter text.</p> <p><b>Occupation:</b>   Click here to enter text.</p> <p><b>Years known:</b>   Click here to enter text.</p> |
|                             | <p><b>Name:</b>           Click here to enter text.</p> <p><b>Address:</b>       Click here to enter text.</p><br><p><b>Telephone:</b>     Click here to enter text.</p> <p><b>Email:</b>           Click here to enter text.</p> <p><b>Occupation:</b>   Click here to enter text.</p> <p><b>Years known:</b>   Click here to enter text.</p> |
|                             | <p><b>Name:</b>           Click here to enter text.</p> <p><b>Address:</b>       Click here to enter text.</p><br><p><b>Telephone:</b>     Click here to enter text.</p> <p><b>Email:</b>           Click here to enter text.</p> <p><b>Occupation:</b>   Click here to enter text.</p> <p><b>Years known:</b>   Click here to enter text.</p> |

## **AUTHORISATION FOR THE RELEASE OF INFORMATION**

By making this application for a key individual certificate under section 4 of the Alderney eGambling Ordinance, 2009, I acknowledge that I AM hereby AUTHORISING the Alderney Gambling Control Commission (“the Commission”) to conduct A FULL INVESTIGATION into my background, my financial affairs and my activities in accordance with regulations 141 to 145 of the Alderney eGambling Regulations, 2009, as from time to time in force.

In accordance with regulation 143 of the Alderney eGambling Regulations, 2009, THIS AUTHORISATION duly signed by me shall constitute my PRIOR PERMISSION for an officer or servant of the Commission to request you to provide such further information and/or documentation, including provision of paper and/or electronic copies to be taken away, as that officer or servant considers desirable to assist in the assessment of my application for a key individual certificate.

YOU ARE, therefore, hereby AUTHORISED TO RELEASE to any officer or servant of the Commission who so requests and confirms that my application for a key individual certificate remains pending ANY OR ALL INFORMATION you hold pertaining to me, whether documentary or otherwise and whether such information would otherwise be protected from disclosure by any statutory, customary or common law privilege.

I further authorise an officer or servant of the Commission to photocopy the original of this authorisation for the purpose of providing to a person requested to release information and/or documentation a copy thereof, or of transmitting to the person a facsimile thereof, provided that the photocopy is uniquely numbered and identifies the person to whom it has been provided or transmitted and a duplicate thereof is retained by the Commission.

|  |   |
|--|---|
| Full name: <a href="#">Click here to enter text.</a> | Home address: <a href="#">Click here to enter text.</a> |
| Signature:   | Date: <a href="#">Click here to enter a date.</a>       |

### **FOR OFFICIAL USE ONLY**

|               |            |
|---------------|------------|
| Photocopy No: | Recipient: |
|---------------|------------|

## **DECLARATION**

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*): [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

The original completed application form and any attachments should be bound as a single document and delivered to:

Director  
Alderney Gambling Control Commission  
St. Anne's House  
Queen Elizabeth II Street  
ALDERNEY  
GY9 3TB  
via United Kingdom.