



PERSONAL DECLARATION FORM III

This form should be completed and returned with the necessary supporting documents under **CONFIDENTIAL** cover to:

**THE DIRECTOR OF ENFORCEMENT
BETTING GAMING AND LOTTERIES COMMISSION
78cef HAGLEY PARK ROAD
KINGSTON 10, JAMAICA
TEL: (876) 630 1353
Email: info@bglc.gov.jm**

BETTING, GAMING AND LOTTERIES COMMISSION**PERSONAL DECLARATION FORM III**

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(PLEASE STATE FULL NAME OF INDIVIDUAL MAKING THE APPLICATION)

PART A: GENERAL NOTES AND INFORMATION

1. A Personal Declaration Form III should be completed by persons who are desirous of becoming:
 - a) a gaming machine owner/operator
 - b) an agent or franchisee of permit holder or licensee
 - c) a manager or supervisor for a permit holder or licensee
 - d) a Technical Service Provider
 - e) the Commission determines any other significant involvement with the activities of the applicant/licensed company.
2. The completed Personal Declaration Form should accompany all applications for licensing when your proposals are submitted to the Betting, Gaming and Lotteries Commission.
3. Discovery of any material falsification or omission of any information required in this Personal Declaration Form could cause refusal to grant a license or approval, or if this discovery is made subsequent to the grant of a license or approval, such license or approval may be suspended or revoked by the Commission.
4. Any material change to the information or particulars given in this Form should be notified to the Betting, Gaming and Lotteries Commission within seven (7) days of such change.
5. It is expected that the applicant accepts the risk of any adverse public notice, embarrassment, criticism or financial loss which may result from action taken by the Commission to verify information with respect to the application and that the applicant waives any claim for damages as a result thereof.
6. The signature of the applicant (person completing this Form) and date should be written on each page of the Personal Data Form III.
7. Where sufficient space is not allowed for any answer, responses should be given on separate paper and attached. All attachments should be carefully labeled so that they relate clearly to the items and paragraphs to which they apply.
8. The Commission reserves the right to request additional information from the Applicant as it seems fit.

Signature:

Date:

9. Personal Declaration Form should be accompanied by:

- a) references from any three (3) persons from the category listed below, who are citizens of Jamaica, who are not members of the family of the applicant and have been personally acquainted with the applicant for a period of not less than 12 months:

- | | | |
|------------------------|--|---------------------|
| • Justice of the Peace | • Public Officer (SEG 1 & above) | • Consular Officer |
| • Attorney-at-law | • Commissioner of Oaths/Notary Public | • Parish Councillor |
| • Bank Manager | • Credit Union Manager | • Clerk of Courts |
| • Marriage Officer | • Army Officer (Major & above) | • Dental Surgeon |
| • Medical Doctor | • Police Officer (Inspector or above) | • Passport Officer |
| • Veterinarian | • Principal (Primary, Secondary & Tertiary Educational Institutions) | |

- b) two certified recent photographs of the applicant. The photographs should be certified by a Justice of the Peace, with the following inscription above his/her signature:

“I certify that this is a true photograph of (insert applicant’s name and note date of certification)”

- c) a report from a licensed Credit Bureau
- d) a valid identification: Passport, Driver’s License, or National ID
- e) a valid Police Record
- f) Proof of address (copy of any utility bill not older than six months)
- g) Copies of educational credentials (highest level attained for secondary and tertiary education)
- h) 3-6 months Bank statements from all banking institutions that you conduct business with
- i) Copies of titles for all assets owned
- j) A copy of a current Tax Compliance Certificate and/or Certificate of Registration

10. All questions must be answered, however if a question does not apply to you, or there is nothing to disclose, enter **"N/A"** or **"NONE"**.

PLEASE NOTE: This Personal Declaration Form (PDF) applies only to persons interested in obtaining a license in any of the categories listed in Item 1 above. Contact the Licensing and Registration Division of the BGLC to obtain the appropriate Personal Declaration Form for any other category of license.

Applicants must submit this completed form along with the fee and required supporting documents in order to facilitate the due diligence investigation.

The BGLC reserves the right to request any additional information deemed necessary at any time during the course of the investigation.

Signature: _____

Date: _____

PART B: PURPOSE OF APPLICATION:

(Please tick [√] where applicable)

- Bookmaker's Agent
- Lottery Agent
- Supervisor/Manager
- Other (please state) _____
- OTB Parlour Operator
- Gaming Machine Operator/Owner
- Technical Service Provider

PART C: PERSONAL HISTORY

(PLEASE PRINT OR TYPE)

Please read and answer all questions carefully and completely. If a question does not apply to you, or there is nothing to disclose, enter "N/A" or "NONE".

1. Full name: _____
 Surname First Name Middle Name

2a. Former name (if different from 1)

2b. Alias: _____

3. Address at which you reside: _____

List your last three (3) addresses below:

- (1) _____
- (2) _____
- (3) _____

3a. Telephone Numbers (list all telephone numbers)

Home _____ Mobile _____ Other Mobile _____

3b. Email: _____ Other Email: _____

Signature: _____

Date: _____

4. Date of birth: Day _____ Month _____ Year _____

5. Place of birth: Town _____ Parish/State _____

Country _____

6. Nationality: _____
(If naturalized, attach a copy of the naturalization certificate and state here former nationality as well.)

7. NIS Number, Social Security Number or National Identity Number:
(Whichever is applicable)

8. Taxpayer Registration Number (TRN): _____

9. Details of marital status:

Single Married Separated Divorced Widowed *De facto* relationship

9a. Spouse / *de facto* partner's full name:

Surname	First Name	Middle Name
_____	_____	_____

9b. Maiden Name: _____

9c. Next of kin: _____

9d. Contact information for Next of kin: _____

Signature: _____

Date: _____

PART D: EDUCATION DATA

Beginning with secondary (high school), provide the information below with respect to each school, college, graduate or post-graduate school you have attended.

DATES		NAME & ADDRESS OF SCHOOL, TRAINING PROGRAMME ETC.	DESCRIPTION OF EDUCATION TRAINING PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED (STATE YES/NO)
FROM (Mo/Yr)	TO (Mo/Yr)				

Signature: _____

Date: _____

PART E: BUSINESS INFORMATION

10. Type of Business: Sole Proprietorship Partnership

10a. Provide details of all business premises. Provide the first or primary business information below and list all others using the Annex to this form.

Business Name: _____

Business Registration Number: _____

Business Address: _____

Telephone: _____ Email: _____

10b. Company Number: _____

10c. Title of position held: _____

List all other business premises on the Annex

11. Do you intend to continue with your present employment if this application is granted?

Yes No

12. Have you ever applied for a licence or permit with respect to (including but not limited to) any of the following. Please tick [] the relevant sections

spirits Granted Denied

boxing promoter Granted Denied

real estate broker or salesman Granted Denied

racehorse owner Granted Denied

accountant Granted Denied

jockey Granted Denied

doctor Granted Denied

trainer Granted Denied

lawyer Granted Denied

bookmaker Granted Denied

gaming machine operator/owner Granted Denied

securities dealer Granted Denied

lottery agent Granted Denied

betting agent permit Granted Denied

gaming premises operator/owner Granted Denied

Other (please state) Granted Denied

prescribed premises worker Granted Denied

Signature: _____

Date: _____

13. Have you ever operated unlicensed gaming machines or premises, or been convicted of an offence involving unlawful betting, gaming or lottery activity, or acts of dishonesty, or other criminal activity?

Yes No

If yes, please explain including the year in which the event/s occurred.

Do you have any relatives associated with or employed to the lottery/gaming/ betting industry?

Yes No

'Relative' means:

1. Anyone related to you by blood;
2. Anyone related to you by marriage;
3. Anyone with whom you cohabit;
4. Anyone with whom you have a regular visiting relationship

'Cohabit' means to live together in a conjugal relationship outside of marriage.

'Visiting relationship' means a relationship between two persons who do not share a common residence, which is a close personal relationship by virtue of its nature and intensity having regard to (a) the amount of time that the persons spend together; (b) the place where that time is ordinarily spent; (c) the manner in which that time is ordinarily spent; (d) the duration of the relationship; and (e) the existence of a child (if any) of both parties.

- 14a. If 'yes', please list the names and addresses of all relatives. (Please use the format below)

(i) Names & Address

Relationship

Employer's Name/Position/& Address

Dates

Signature: _____

Date: _____

(ii) Name & Address

Relationship

Employer's Name/Position/& Address

Dates

(iii) Name & Address

Relationship

Employer's Name/Position/& Address

Dates

(iv) Name & Address

Relationship

Employer's Name/Position/& Address

Dates

(v) Name & Address

Relationship

Employer's Name/Position/& Address

Dates

Signature: _____

Date: _____

PART F: EMPLOYMENT DATA

In the chart below, provide information regarding your employment for the past ten years. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment you are required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

DATES		NAME, MAILING ADDRESS & TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	ANNUAL SALARY AT DEPARTURE
FROM (Mo/Yr)	TO (Mo/Yr)				

Signature: _____

Date: _____

PART G: FINANCIAL DATA

During the last ten year period have you had any right of ownership in, control over, or interest in any bank account(s), which are located either locally or outside your country of residence? If yes, complete the following chart.

DATES		NAME & ADDRESS OF INSTITUTION HOLDING ACCOUNT	ACCOUNT NUMBER	NAME & ADDRESS OF EACH PERSON/ENTITY APPEARING ON THE ACCOUNT	PRESENT AMOUNT HELD/AMOUNT HELD BEFORE CLOSING
FROM (Mo/Yr)	TO (Mo/Yr)				

Signature: _____

Date: _____

PART H: OTHER ASSETS

List below, information requested regarding all other assets, including real estate, vehicles and any business investments in which any direct, indirect, vested or contingent is held by you, your spouse or your dependent children. Business interest should include, but not be limited to joint ventures, partnerships, sole proprietorships, corporations and limited liability companies. Other assets should include, but not be limited to, art collections, coin collections and antiques.

ASSET HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
			\$ _____ TOTAL COST(S) OF OTHER ASSET(S)			\$ _____ TOTAL CURRENT MARKET VALUE OF OTHER ASSET(S)

Signature: _____

Date: _____

PART I: CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

Have you or any of your dependent children, step children or adopted children ever been arrested or charged with any crime or offense in any jurisdiction:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME & ADDRESS OF LAW ENFORCEMENT AGENCY OF COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

*"Arrest" includes any detaining, holding or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of 'offense'.

*"Charge" includes any indictment, complaint, information, summons or other notice of the alleged commission of any 'offense'.

*"Offense" includes all felonies, crimes, high misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired, motor vehicle offenses and violations of probation or any other court order. Juvenile offenses that occurred within the most recent ten (10) year period are also included within the definition of 'offenses'.

Signature: _____

Date: _____

PERSONAL REFERENCES
(List three as indicated on Page 2)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER/S: _____

=====

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER/S: _____

=====

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER/S: _____

=====

**WRITTEN REFERENCES MUST BE SUBMITTED FROM THE
NAMES PROVIDED ABOVE**

Signature: _____

Date: _____

DECLARATION OF APPLICANT

I, (Name and Surname) _____ born
on _____, in the Parish of _____ and residing at

solemnly declare that:

I have personally completed this Personal Declaration Application Form (the 'Application Form') to which this Declaration is appended.

I hereby certify that all statements contained in and attached to this Application Form are correct to the best of my knowledge and complete.

I confirm that all the information I have submitted in support of this Application Form is complete and true and that I understand that knowingly making a false statement for this purpose is tantamount to a criminal offence.

I understand that misrepresentation or failure to submit any information requested by the Betting Gaming and Lotteries Commission ('the Commission') shall be deemed as good and sufficient cause for a refusal to issue the License being applied for simultaneously or for an eventual revocation if such misrepresentation or failure is discovered at a later stage.

I understand that should the information provided in relation to this Application Form cease to be correct, or if there are any changes in the information provided in the Application Form, it is my responsibility to advise the Commission immediately. Failure to do so could result in any license subsequently issued being reviewed and possibly suspended or revoked.

The Commission may request confirmation or further information from any appropriate third parties in respect of evidence or documentation I have provided in support of this Application Form. I agree to authorize the Commission to request and receive information about me from such third parties.

By signing this Declaration I am agreeing to all of the above statements.

Print or type name: _____

Signature: _____

Date: _____

Signature:

Date:

JUSTICE OF THE PEACE ONLY

Sworn and subscribed to before me, this _____ day of _____, 20__.

Print or type name: _____

Signature: _____

Seal of Justice of the Peace or Notary Public

Revised December 2019



ANNEX - Personal Declaration Form III

Type of Business: Sole Proprietorship Partnership

Business Name: _____

Business Registration Number: _____

Business Address: _____

Telephone: _____ Email: _____

Company Number: _____

Title of position held: _____

Type of Business: Sole Proprietorship Partnership

Business Name: _____

Business Registration Number: _____

Business Address: _____

Telephone: _____ Email: _____

Company Number: _____

Title of position held: _____

Type of Business: Sole Proprietorship Partnership

Business Name: _____

Business Registration Number: _____

Business Address: _____

Telephone: _____ Email: _____

Company Number: _____

Title of position held: _____

Signature

Date