



PERSONAL DECLARATION FORM II

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

**THE DIRECTOR OF LICENSING & REGISTRATION
BETTING, GAMING & LOTTERIES COMMISSION
78c HAGLEY PARK ROAD
KINGSTON 10
JAMAICA
TEL: (876) 630-1357**

THE BETTING, GAMING & LOTTERIES COMMISSION**PERSONAL DECLARATION FORM II**

(PLEASE STATE FULL NAME OF INDIVIDUAL MAKING THE APPLICATION)

PART A: GENERAL NOTES AND INFORMATION

1. A Personal Declaration Form should be completed by each person who:
 - a) is a director or officer in the applicant/licenced company;
 - b) is a shareholder in the applicant/licenced company;
 - c) is a director or secretary of an applicant company or any parent company;
 - d) has direct or indirect financial interest in the applicant/licenced company;
 - e) is appointed director or officer of a company (or any parent of a company) which currently holds a valid certificate from the Betting Gaming and Lotteries Commission;
 - f) the Commission determines has any other significant involvement with the activities of the applicant/licenced company; or
 - g) will have actual and effective control or influence over the applicant/licenced company.
 - h) an agent, franchisee of permit holder or licensee
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 licence or approval, or if this discovery is made subsequent to the grant of a licence or approval, such licence 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.

Signature

Date

6. The signature and date of the applicant (person completing this Form) should be written on each page of the Personal Data Form II.
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.
9. This 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 Officers | • Army Officer (Major & above) | • Dental Surgeon |
| • Medical Practitioner | • Police Officer (Gazetted Ranks) | • Passport Officer |
| • Veterinarian | • Principal (Primary, Secondary & Tertiary Educational Institutions) | |
- b) two certified recent photographs of the applicant. The photographs should be certified by one of the above-mentioned officials who is not a relative of the applicant, 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).....” (the signatory may be one of the referees);
- c) a valid identification; Passport, Drivers Licence, National ID
- d) a valid Police Record
- e) Proof of address (copy of any utility bill not older than six months)
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".

 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. Tax Reference 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
_____	_____	_____

Maiden Name: _____

9c. Next of kin: _____

9d. Contact information for Next of kin: _____

PART D: BUSINESS INFORMATION

10a. Present business address and telephone number:

Postal Code: _____ Telephone: _____

Signature

Date

10b. Type of company/Business Name (e.g.: public, private or partnership or sole proprietorship):

10c. Company Number: _____

10d. Title of position held: _____

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 with respect to (including but not limited to) any of the following. Please tick [✓] the relevant sections

spirits

boxing promoter

real estate broker or salesman

racehorse owner

accountant

jockey

doctor

trainer

lawyer

bookmaker

gaming machine operator/owner

securities dealer

lottery agent

betting agency permit

gaming premises operator/

Other (please state)

prescribed premises worker

12a. If YES, please tick [✓] the relevant box:

Granted

Denied

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.

Signature

Date

14. 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 a man and a woman 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

(ii) Name & Address

Relationship

Employer's Name/Position/& Address

Dates

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 declare each of the answers given to the questions on this Declaration Form to be complete and true to the best of my knowledge, and that any material misrepresentation or omission may be cause for refusal to grant a licence or approval. If this discovery is made subsequent to the grant of a licence or approval, such licence or approval may be suspended or revoked by the Commission. I also authorize the investigation of all statements given in this application, including contacting referees for reference verification.

Print or type name: _____

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*