



APPLICATION NUMBER
GBB 4.b.2

**APPLICATION FOR THE RENEWAL OF A  
GAMING EMPLOYEE LICENCE  
PERSONAL HISTORY DISCLOSURE  
MULT-JURISDICTIONAL 3.0**

AN APPLICANT FOR A LICENCE HAS NO RIGHT TO BE AWARDED A LICENCE. ALL LICENCES ISSUED BY THE GAMING BOARD FOR THE BAHAMAS ARE CONTINGENT ON THE ONGOING SUITABILITY FOR LICENSING 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.

**APPLICANT FOR RENEWAL OF A GAMING EMPLOYEE LICENCE:**

Name of Applicant	
Date of completion of form	

**All correspondence must be addressed to:**

**The Secretary  
Gaming Board for The Bahamas  
4<sup>th</sup> Floor, Centreville House  
2<sup>nd</sup> Terrace West & Collins Avenue  
Nassau, BAHAMAS**

<b>For official use only</b>
GB Ref. No.: _____
Insp. Sig.: _____



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

### 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 returned to The Secretary, Gaming Board for The Bahamas, 4<sup>th</sup> Floor, 2<sup>nd</sup> Terrace West & Collins Avenue, Nassau, Commonwealth of The Bahamas.
6. The original plus one copy of the completed application form and all the additional required information must be submitted to the Board.
7. 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.
8. If any details of the applicant, which are reflected in this application form, change before a licence has been issued by the Board, the Board must immediately be notified in writing.
9. All dates must be in the format: **Month / Day / Year.**

Signature: \_\_\_\_\_



FOR OFFICE USE ONLY	REFERENCE NUMBER

**1. APPLICANT**

Name \_\_\_\_\_  
Surname First Middle Maiden (if applicable)

Other names you have used or use, or by which you have been or are known \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ NIB/Nat'l ID no: \_\_\_\_\_

Passport no \_\_\_\_\_ Date of issue \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Citizenship \_\_\_\_\_ Place of issue \_\_\_\_\_

Details of all legal name changes \_\_\_\_\_

Home address \_\_\_\_\_

Suburb \_\_\_\_\_ Town/City \_\_\_\_\_

Island \_\_\_\_\_ Country \_\_\_\_\_

Telephone no (home) \_\_\_\_\_ Fax no \_\_\_\_\_

Cell phone no \_\_\_\_\_ E-mail address \_\_\_\_\_

Current business address \_\_\_\_\_

Suburb \_\_\_\_\_ Town/City \_\_\_\_\_

Island \_\_\_\_\_ Country \_\_\_\_\_

Telephone no (work) \_\_\_\_\_ Fax no \_\_\_\_\_

Employer \_\_\_\_\_ Employed since \_\_\_\_\_

Position held \_\_\_\_\_ Position held since \_\_\_\_\_

Employee ID No \_\_\_\_\_ Name of supervisor \_\_\_\_\_

Signature: \_\_\_\_\_



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**2. PHOTOGRAPH**

**Please note:**

1. Your name and address must be printed on the back of the photograph.
2. Photograph must be taken not more than 1 month before submission of this application.
3. Do not paste the photograph onto this form. Please use a stapler.

Date of photograph \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**The attached photograph is a true resemblance of:**

\_\_\_\_\_

Name of applicant

**3. CITIZENSHIP**

I am a native-born citizen of the Commonwealth of The Bahamas	<b>Yes</b>	<b>No</b>
I am a naturalised citizen of the Commonwealth of The Bahamas	<b>Yes</b>	<b>No</b>
I am a foreign national on a visa or work permit	<b>Yes</b>	<b>No</b>
I am a foreign national with a permanent residence permit	<b>Yes</b>	<b>No</b>

If you are a foreign national, provide the following information:	
Passport number*	
Country of issue	
Date of issue	
Port or place of entry into the Commonwealth of The Bahamas	
Date of entry	

*\*Attach certified true copy of all pages of your passport ensuring that all visa, work permit or permanent residence entries are clearly legible.*

**4. FAMILY INFORMATION**

All applicants must disclose family information in full. Even though a relative may be deceased, give all the information that is requested, including his or her last place of residence and the year of his or her death. If you are co-habiting, engaged to be married or are contemplating marriage in the near future, give full particulars about this, indicating clearly the nature of the relationship being planned.

Signature: \_\_\_\_\_



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**MARTIAL STATUS OF APPLICANT** (*Tick where applicable*)

<b>Married in community of property</b>					
<b>Married out of community of property (<i>ante-nuptial contract without accrual</i>)</b>					
<b>Married out of community of property (<i>ante-nuptial contract with accrual</i>)</b>					
<b>Single</b>					
<b>Divorced</b>					
<b>Spouse</b>		<b>Common law spouse</b>		<b>Partner</b>	

**DETAILS OF SPOUSE / COMMON LAW SPOUSE / PARTNER**

Surname			Maiden name <i>(If applicable)</i>	
Full names				
ID number				
Date of birth		Place of birth		
Passport number		Social Security number NIB/Nat'l I.D. number <i>(If applicable)</i>		
Home address				
Suburb		Town		
Country		Postal Code		
Telephone number	Home	Office	Cellular phone	
	( )	( )		
Other names used or by which known by				
Date of marriage/commencement of relationship				
Current/last employer				
Address of employer				

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

**CHILD / STEP-CHILD**

Surname		Maiden name <i>(If applicable)</i>	
Full names			
ID number			
Date of birth		Place of birth	
Passport number		Social Security number NIB/Nat'l I.D. number <i>(If applicable)</i>	
Home address			
Suburb		Town	
Country		Postal Code	
Telephone number	Home	Office	Cellular phone
	( )	( )	
Name & registration numbers of all trusts of which child/step-child is a beneficiary:			
<b><i>Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question</i></b>			
Current/last employer			
Address of employer			

**CHILD / STEP-CHILD**

Surname		Maiden name <i>(If applicable)</i>	
Full names			
ID number			
Date of birth		Place of birth	
Passport number		Social Security number NIB/Nat'l I.D. number <i>(If applicable)</i>	
Home address			
Suburb		Town	
Country		Postal Code	

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

Telephone number	Home	Office	Cellular phone
	(    )	(    )	
Name & registration numbers of all trusts of which child/step-child is a beneficiary:			
<i>Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question</i>			
Current/last employer			
Address of employer			

**5. ACADEMIC INFORMATION**

**5.1** Complete the table below in respect of each trade school, college, technical, university or any other tertiary institution you have attended in the last 12 months.

Date (Yr. to Yr.)	Name and address of academic institution	Last grade/ standard/term	Degree or certificate obtained

*Attach certified copies of all tertiary qualifications obtained.*

**5.2** Have you ever been suspended or expelled from any tertiary academic institution in the last 12 months?

Yes			No	
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If “yes”, complete the following table:

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

Date	Specify whether suspended (and period of suspension) or expelled	Name of academic institution	Reason

**6. EMPLOYMENT INFORMATION**

Including your present employer, complete the table below in respect of each place where you have been employed in the past 12 months. Begin with your present employment and work backwards, including periods of non-employment.

Date (Yr. to Yr.)	Name, address, telephone & fax no of employer	Job description & job title	Name of supervisor	Reason for leaving

*Attach an employment certificate from your current employer.*

**7. DISCIPLINARY ACTIONS**

Have you been subjected to any disciplinary action in connection with your employment during the last 12 months?

Yes		No	
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If yes, provide details below:


Signature: \_\_\_\_\_





<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

**8. MOTOR VEHICLE INFORMATION**

Complete the following table in respect of all vehicles currently registered in your name or the name(s) of your spouse, common law spouse, partner or the persons residing with you as well as company vehicles driven by yourself or the previously mentioned persons. Include all vehicles (cars, trucks, motor cycles, recreational vehicles), aeroplanes, boats etc.

Date of purchase	Make	Model and year of manufacture	Registration number	Registered owner

*Attach a certified true and legible copy of the Certificate of Insurance for each vehicle.*

**9. DRIVER'S LICENCE INFORMATION**

List all driver's licences issued to you by any jurisdiction, which you have held during the last **12 months**.

Date issued	Licence number	Type of licence	Issuing jurisdiction	Expiry date of licence

**10. CIVIL PROCEEDINGS**

**10.1** Have you, your spouse, common law spouse or partner been party to a personal lawsuit in the last 12 months?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details in the table below:

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

Date	Name of court	Case Number	Other parties to lawsuit	Nature of lawsuit	Outcome of lawsuit

**10.2** Have any civil judgments against yourself, spouse or partner ever been abandoned or rescinded in the last 12 months?

Yes			No	
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If yes, provide details below:


*Attach certified, true and legible copy of the rescission order.*

**10.3** In the last 12 months, has a civil judgment been noted or taken against you in respect of debt or have you been listed by any credit bureau or subjected to any type of judicial management such as a garnishee or administration order?

Yes			No	
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If yes, provide details below (specify current status of the debt, the balance thereof, and attach a certified copy of any repayment agreements entered into in respect of the debt):


*Attach certified, true and legible copy of the garnishing/administration order.*

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

**11. SUMMONSES and SUBPOENAS**

**In the last 12 months**, have you been summonsed, subpoenaed, requested or otherwise required to appear or to testify before any municipal, provincial, country or national court, agency, committee, grand jury or investigatory regulatory body, other than in response to a traffic summons where an admission of guilt fine was payable **WITHOUT** the obligation to appear in Court, or has your spouse, common law spouse, partner or any business entity in which you hold or have held an ownership interest, been summonsed, subpoenaed, requested or otherwise required to appear or to testify?

Yes			No	
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If yes, state below the name and address of the court or other agency involved, the case number, if applicable, the nature of the proceedings, whether testimony was given and, if so, the dates on which the testimony was given:


**12. INVESTIGATIONS**

**In the last 12 months**, have you been the subject of an investigation conducted by a government investigative agency or any other agency for any reason; or, has your spouse or partner or a business entity in which you hold or have held an ownership interest, been the subject of such an investigation?

Yes			No	
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If yes, state below the name and address of the investigative agency, the nature of the investigation, the period of time during which the investigation was in progress and the outcome of the investigation.


Signature: \_\_\_\_\_



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**13. CRIMINAL OFFENCES**

**In the last 12 months**, have you been arrested for, charged with, or convicted of a criminal offence or has any member of your immediate family (as contemplated in Question 4 of this application) been so arrested, charged or convicted? Prior to answering this question, carefully study the definitions provided and the instructions given below. **For the purposes of this question:**

**“Offence”** includes **all** common law and statutory crimes, misdemeanours and felonies, regardless of their classification, and **includes** criminal cases in respect of which an admission of guilt fine was payable **WITHOUT** an obligation to appear in Court.

**“Charge”** includes any indictment, complaint, information, summons or other notice relating to the alleged commission of any offence.

Where the applicant has been charged, as defined above, an answer of **“yes”** must be given and all the relevant information required by this question provided to the best of your ability, even if –

- the applicant did not commit the offence charged;
- the charge was withdrawn or dismissed;
- the prosecution was abandoned or stopped;
- the applicant was not convicted; or
- the charges or alleged offences to which they related were brought more than ten years ago.

Also provide complete details in respect of pending court cases, court cases which are currently awaiting trial and the date of the next court appearance.

If the records relating to the charges have been pardoned or expunged by a court order, answer **“no”** and attach a copy of the court order to this application, labelling it **“Attachment to Question 13”**.

Yes		No	
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If yes, complete the table below:

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

Date	Name and relationship	Nature of charge or conviction	Name of court	Outcome of case & sentence, if applicable

**14. INVOLVEMENT IN CRIMINAL PROCEEDINGS**

**In the last 12 months**, have you been called as a witness in any criminal proceeding or has any member of your immediate family (as contemplated in Question 4 of this application) been involved in such criminal proceedings?

Yes			No	
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If yes, complete the table below:

Date	Name and relationship	Name of court	Nature of proceedings and involvement

**15. DISQUALIFIED PERSONS**

**15.1** **In the last 12 months**, have you held office as a political bearer, been a public servant, been listed on the register of excluded persons, or, are a family member, other than a brother or sister of any person who is a member or employee of the Board or been subject to an order of a competent court holding you to be mentally unfit or insolvent.

Yes			No	
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Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

**15.2** In the last 12 months, have you been removed from an office of trust on account of misconduct relating to fraud or the misappropriation of money, or been convicted in The Bahamas or elsewhere, of theft, fraud, forgery or uttering a forged document, perjury, or committed an offence in terms of any gaming legislation.

Yes			No	
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If yes to either or both of the aforementioned, please disclose the details thereof below.


**16. CRIMINAL CONNECTIONS**

Are you related to or connected or acquainted or involved with anyone whom you know to be or have reason to believe, is involved in some **kind of illegal or criminal** activity?

Yes			No	
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If yes, provide details below:


*Please note: The applicant must submit together with this application, a duly completed Finger Print Card (B.P. 50) which is obtainable from the Royal Bahamas Police Force. Foreigners must, in addition, submit an original police clearance certificate or the equivalent from the country of origin.*

Signature: \_\_\_\_\_



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**17. GAMBLING LICENCES AND ACTIVITIES**

**17.1** Provide details below of all **currently held** gaming-related licences:

Date of application/ investigation	Name & address, tel. & fax of jurisdiction	Type of licence & conditions thereof, where applicable	Status of application or licence (current/expired, etc.)	Licence number

**17.2** Provide details below of all gaming related licence applications **currently pending**:

Date of application/ investigation	Name & address, tel. & fax of jurisdiction	Type of licence applied for	Anticipated date of decision

**17.3** Provide details below of any business in which you have a financial interest of any kind and which is making application to be licensed or is licensed by the Gaming Board for The Bahamas.

Name and address of business entity	Nature of your interest/investment	Amount of your interest/investment	% ownership in the business entity

**17.4** Provide details below in respect of each person or business entity which has provided finance or anything else of value to assist you or your business entity in financing the investment(s) or interest(s) identified in question 17.3.

Name and address of person/entity	Relationship with applicant	Nature of finance	Amount of Finance	Terms of the advance

**17.5** Will you be actively involved in the management or operation of the above entity/ies currently licensed or to be licensed?

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

Yes			No	
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If yes, describe the extent and nature of your potential involvement:


**17.6** Do you hold or have you held a financial or an ownership interest in any other gaming venture, whether licensed or unlicensed, in the last 12 months?

Yes			No	
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If yes, describe below every such interest:


**18. TAX INFORMATION**

**18.1.** Were you required to file Income Tax Returns for the **12 months** directly preceding the date of this application?

Yes			No	
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If **yes**, attach **certified true and legible copies** of the **tax assessments** for such period as well as a tax clearance certificate, or the equivalent from the country of origin. A **foreign** tax return and assessment not in English, must be accompanied by a **certified English translation**.

<b>Income Tax Reference number</b>		<b>Name and Location of Tax Authority</b>	
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If **no**, give an explanation below and **provide proof of your income for the last three months** as well as **copies of your salary advice for the past three months**.

Signature: \_\_\_\_\_





<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>


**18.2** Have you been granted an **extension** for rendering a tax return by any tax authority in **the past 12 months**?

<b>Yes</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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If yes, state the reasons for the extension granted in the space below.


*Attach certified true and legible copy of the letter of extension.*

**18.3** Have you in the **past 12 months** been delinquent in submitting any tax returns or paying any financial obligations to **any tax authority**?

<b>Yes</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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If yes, state reasons below for not submitting your tax returns or the unpaid amount and the tax authority involved:


**18.4** Have you applied for tax amnesty in **the past 12 months**?

<b>Yes</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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If yes, provide a copy of your tax amnesty application submitted as well as any relevant correspondence confirming the receipt thereof and the outcome of the said application for amnesty.

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

**19. ATTACHMENTS**

Have your wages, salary, earnings or other income ever been garnished or attached or any similar action taken during the past 12 months.

Yes			No	
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If yes, complete the table below:

Date filed	Case number	Name & address of court	Nature & amount of order	Name & address of creditor

**20. BANKRUPTCY/INSOLVENCY**

**In the past 12 months**, have you been declared legally insolvent, bankrupt, an un-rehabilitated insolvent, prodigal or have you ever filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency Act?

Yes			No	
-----	--	--	----	--

If yes, complete the table below and provide a **certified true and legible copy of the court order**.

Date filed	Case number	Name of court	Name & address of filing party	Name, address & tel. no of trustee

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>


*If rehabilitated, provide details and a certified true and legible copy of the rehabilitation order.*

**21. BANK ACCOUNTS**

**21.1** 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 partner.

Date acquired	Name 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.*

**21.2** 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 12 months**.

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

Signature: \_\_\_\_\_



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**AFFIDAVIT**

I, \_\_\_\_\_  
(Full names)

hereby:

- (a) declare that I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the Gaming Act, 2014 (Act 40 of 2014), as amended,
- (b) declare that I am the person identified in this form;
- (c) declare that I have personally completed this form and have supplied all the information indicated herein; and
- (d) certify that the particulars contained herein are true and correct in every detail and that I have full disclosed the information required in completing this form.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

<b>Signature – Applicant</b>

<b>To be signed and certified as true and correct in the presence of a Commissioner of Oaths/Notary Public/Justice of the Peace</b>

Signature: \_\_\_\_\_



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**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)

of \_\_\_\_\_  
(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.**

Signature: \_\_\_\_\_



<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

**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 Authorised 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 the same.

Signature: \_\_\_\_\_