



APPLICATION FOR THE RENEWAL OF A KEY EMPLOYEE LICENCE

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.

A Key Employee Licence is required by every executive director or agent of, or any person in the employ of the holder of any operator licence (other than a junket operator licence) who may exercise direct control over gaming operations or the activities authorised by the relevant operator licence or such other person, whom the Board may identify, who may exercise control over any premises where gaming is conducted.

NOTE:

This application form pertains to the **LIMITED PROBITY INVESTIGATION** referred to in section 48(10) and (11) of the Gaming Act, 2014.

APPLICANT FOR THE RENEWAL OF A KEY EMPLOYEE LICENCE (LIMITED):

Name of Applicant	
Date of completion of form	

All correspondence must be addressed to:

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

For official use only

GB Ref. No.: _____

Insp. Sig.: _____

AUTHORISED SIGNATURE

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 the page.
5. This application form must be returned to The Secretary, Gaming Board for The Bahamas, 4th Floor, Centreville House, 2nd Terrace West & Collins Avenue, Nassau, Commonwealth of The Bahamas. The original plus one copy of the completed application form and all the additional required information must be submitted to the Board.
6. 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.
7. 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.
8. All dates must be in the format: **Month / Day / Year**.

1. APPLICANT

Name _____
First Middle Surname Maiden (if applicable)

Other names you have used or use, or by which you have been or are known by: _____

Date of birth: _____ Place of birth: _____

Country of Citizenship: _____ Place of issue: _____

NIB/Social Security/National ID #: _____

Passport #: _____ Date of issue: ____/____/____

Details of all legal name changes: _____

Home address: _____

Town/City: _____

Island: _____ Country: _____

Telephone # (home): _____ Fax #: _____

Cell phone #: _____ E-mail address: _____

Current business address: _____

Town/City: _____

Island: _____ Country: _____

Telephone # (work): _____ Fax #: _____

Employer: _____ Employed since: _____

Position held: _____ Position held since: _____

Employee ID #: _____ Name of supervisor: _____

AUTHORISED SIGNATURE

2. PHOTOGRAPH

Please note:

1. Submit 2 copies of photo. On the back of 1 copy should state "I hereby certify this to be a true likeness of (full name of the applicant)" duly executed by a Notary Public; and the other affixed to the application.
2. Photograph must be taken not more than 1 month prior to the submission of this application.
3. Do not paste the photograph onto this form. Please affix by stapler.

Date of photograph _____ / _____ / _____

3. DURING THE PAST 12 MONTHS, HAVE YOU BECOME DISQUALIFIED FROM HOLDING A LICENCE IN TERMS OF SECTION 25 OF THE ACT?

YES NO

If Yes, provide details:

4. HAVE YOU BEEN INDICTED OR CHARGED WITH ANY CRIMINAL OFFENCES, EXCLUDING NON-MOVING TRAFFIC OFFENCES, DURING THE PAST TWELVE (12) MONTHS?

YES NO

If Yes, complete the table below:

JURISDICTION	NATURE OF OFFENCE	DATE OF CHARGE	OUTCOME (ACQUITTED, CONVICTED, DISMISSED ETC.)	SENTENCE (IF APPLICABLE)

NB. Please attach a copy of a police record no more than one (1) month prior to the date of application.

AUTHORISED SIGNATURE

5. HAVE YOU BEEN A PARTY TO A LAWSUIT DURING THE PAST TWELVE (12) MONTHS?

YES NO

If Yes, please provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	IDENTITY OF PARTIES	NATURE OF CLAIM	QUANTUM OF CLAIM	CURRENT STATUS OF CASE

6. TAX STATUS OF APPLICANT (IF APPLICABLE)

TAX REFERENCE NO:

(Please attach certified copy of a valid tax clearance certificate to this form)

7. HAVE ANY CIVIL JUDGMENTS BEEN TAKEN AGAINST YOU DURING THE PAST TWELVE (12) MONTHS?

YES NO

If Yes, provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	IDENTITY OF PARTIES	NATURE OF CLAIM	QUANTUM OF CLAIM	CURRENT STATUS OF CASE

8. HAVE ANY DISCIPLINARY PROCEEDINGS BEEN INSTITUTED AGAINST YOU BY YOUR EMPLOYER DURING THE PAST TWELVE (12) MONTHS?

YES NO

If Yes, provide details:

AUTHORISED SIGNATURE

AFFIDAVIT

[To be signed and certified as true and correct in the presence of a Notary Public]

I, _____, of the _____
(Full names)

District of the island of _____ one of the islands of the Commonwealth of
The Bahamas make oath and say as follows:-

1. That:

- (a) 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;
- (b) I am duly authorised to complete this application form on behalf of the Applicant identified in this form, and
- (c) I have personally completed this form and have supplied all the information indicated herein; and

2. That I certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

SIGNATURE OF DEPONENT

This Affidavit was sworn before me at _____ on this _____ day of
_____, _____.

(Place Stamp Here)

NOTARY PUBLIC

My commission expires: _____

AUTHORISED SIGNATURE

**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)

_____ (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.

AUTHORISED SIGNATURE

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 I 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 same.