



APPLICATION TO RENEW A KEY EMPLOYEE LICENCE

AN APPLICANT FOR A LICENCE OR RENEWAL 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.

APPLICANT FOR THE RENEWAL OF A KEY EMPLOYEE LICENCE:

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.: _____

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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 completed by the person authorised thereto by the applicant company identified on the front page.** Return the completed form to the Secretary, Gaming Board for The Bahamas, 4th Floor, Centreville House, 2nd Terrace West & Collins Avenue, Nassau, Bahamas.
- 6. The original completed application form and all the additional required information (as well as the applicable statutory fees) must be submitted to the Board (no copies of the original application or the supporting documentation are required to be submitted).**
- 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. All amounts must be in Bahamian Dollars.** When converting from a foreign currency to Bahamian Dollars or if documents are included which reflect foreign currencies, convert at or quote the applicable **exchange rate and the date of the rate of exchange.**
- 9. 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.**
- 10. All dates must be in the format: Month / Day / Year.**

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1.1. IDENTIFYING DETAILS OF THE APPLICANT :

Name _____
First Middle Surname 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/Social Security/Similar Number: _____

Passport no. _____ Date of issue _____ / _____ / _____

Country of Citizenship _____ Place of issue _____

Details of all legal name changes _____

Home address _____

Subdivision _____ 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 _____

Details pertaining to the employment position held:

Name of entity (employer) where position is held: _____

Nature of licence/certificate held by such entity (employer): _____

Description of position held by applicant: _____

Date from which position is held: _____

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1.2. PHOTOGRAPH :

Please note:

1. Your name and address must be printed on the back of the photograph.
2. Photograph must have been taken not more than 1 month before the date of 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

1.3. EMPLOYMENT HISTORY:

Provide information regarding your current employment **and any amendments to your employment status** over the last 12 months, working backwards from the present. Furnish details regarding any periods of unemployment in the correct sequence, including part-time and full time employment, if applicable.

PERIOD OF EMPLOYMENT FROM - TO [MMYY]	NAME, ADDRESS & TELEPHONE NO OF EMPLOYER	POSITION HELD & DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING

1.4. GAMING-RELATED EMPLOYMENT HISTORY:

Have you been employed in the last year by a casino or the holder of any gaming-related licence, permit or certificate of suitability in any jurisdiction?

Yes No

If **yes**, please complete the Table below:

PERIOD OF EMPLOYMENT FROM - TO [MM/YY]	NAME, ADDRESS & TELEPHONE NO OF EMPLOYER	POSITION HELD & DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING

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1.5. MONTHLY INCOME & EXPENDITURE STATEMENT:

Provide details below of your monthly income and expenditure based on the average for the three months preceding the date of this application. All amounts must be expressed in Bahamian Dollars. Where applicable, indicate the prevailing exchange rate. For the purposes of the Tables below, the expression "Spouse" includes a common law spouse or life partner.

INCOME	APPLICANT	SPOUSE	TOTAL
Salary (net)/drawings			
Fees (directorships/ consultancies)			
Rental received			
Interest			
Dividends			
Repayment of loans			
Other income (specify)			
TOTAL INCOME (A)			

EXPENDITURE	APPLICANT	SPOUSE	TOTAL
Alimony/Maintenance			
Mortgage repayments/Rental			
Clothing			
Credit Cards			
Electricity, water & other utilities			
Entertainment			
Food & liquor			
Insurance premiums/savings			
Maintenance of property			
Medical expenses			
Motor vehicle running expenses			
Repayment of borrowings			
Telephone/Broadband/Internet			
Travelling			
Vehicle Finance/Instalments			
Other expenses (Specify)			
TOTAL EXPENDITURE (B)			
NET INCOME/DEFICIT (A-B)			

1.6. STATEMENT OF ASSETS AND LIABILITIES:

List the value of all assets, tangible and intangible, in the appropriate spaces below. Enter only the amounts as at the date of completion of this document. Such date should be as recent as possible, but in any event should fall within the two-month period directly preceding the date of

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this application. For the purposes of the Table below, the expression “Spouse” includes a common law spouse or life partner.

Each listed asset must be described fully in the appropriate attached schedule.

All amounts must be expressed in Bahamian Dollars. Where applicable, indicate the prevailing exchange rate.

1.6.1 ASSETS

DATE OF STATEMENT:

ASSETS	SCHEDULE	APPLICANT	SPOUSE & MINOR CHILDREN
Accounts/monies receivable/tax overpaid	A		
Bank accounts	B		
Cash on hand (on person/in safe)			
Credit card accounts – credit balances	C		
Household & personal effects	D		
Listed investments (shares & bonds)	E		
Non-listed investments	F		
Property	G		
Surrender value of insurance policies	H		
Unit trusts	I		
Vehicles, aircraft, boats, etc.	J		
TOTAL ASSETS (A)			

1.6.2 LIABILITIES

LIABILITIES	SCHEDULE	APPLICANT	SPOUSE & MINOR CHILDREN
Bank overdraft outstanding	B		
Mortgages/bonds payable	K		
Debit balances: credit card accounts	C		
Hire purchase accounts payable	L		
Loans payable (secured or unsecured)	M		
Other liabilities payable (specify)	N		
Tax payable (as per your assessment)			
TOTAL LIABILITIES (B)			
NET WORTH (A – B)			

1.6.3 OFF-BALANCE SHEET ASSETS

List all assets, excluding fixed property, used but not owned by you or your spouse (as defined above) below, e.g. vehicles, aircraft, boats, etc., as well as the market value of these assets.

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OFF-BALANCE SHEET ASSETS	SCHEDULE	APPLICANT	SPOUSE & MINOR CHILDREN
	O		
	O		
	O		
	O		
	O		

1.6.4 CONTINGENT LIABILITIES

List all contingent liabilities (e.g. guarantees or securities furnished) as well as the amounts involved.

CONTINGENT LIABILITIES	SCHEDULE	APPLICANT	SPOUSE & MINOR CHILDREN
	P		
	P		
	P		
	P		
	P		

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SCHEDULE A: ACCOUNTS/MONIES RECEIVABLE/TAX OVERPAID

Name & address of debtor	Date incurred	Original Amount	Unpaid Balance	Payment period	Monthly repayments	Maturity Date	Origin of debtor account	Collateral held for debt
APPLICANT								
SPOUSE & MINOR CHILDREN								

SCHEDULE B: BANK ACCOUNTS

Name & address of financial institution	Name(s) of person(s) appearing on account	Account Number	Type of Account	Date opened	Interest rate	Interest Received	Interest paid	Credit Balance (if applicable)	Debit Balance (if applicable)
APPLICANT									
SPOUSE & MINOR CHILDREN									



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SCHEDULE C: CREDIT CARD ACCOUNTS

Category of credit card (e.g. VISA)	Name of financial institution	Name appearing on card	Account Number	Expiry Date	Type of credit card (e.g. gas)	Credit balance (if applicable)	Debit balance (if applicable)
APPLICANT							
SPOUSE & MINOR CHILDREN							

SCHEDULE D: HOUSEHOLD EFFECTS

Other assets	Purchase Price	Date of purchase	Current market value (not insured values)	Other information regarding these assets
APPLICANT				
SPOUSE & MINOR CHILDREN				

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SCHEDULE E: LISTED INVESTMENTS (SHARES & BONDS/STOCKS)

Name of issuer	Type	No of shares or bond/stocks	Purchase price of each	Date of purchase	Name in which registered	Current market value
APPLICANT						
SPOUSE & MINOR CHILDREN						

SCHEDULE F: NON-LISTED INVESTMENTS

Name of entity	Type of entity	No of ownership units	Percentage ownership	Purchase price	Date of purchase	Name in which registered	Persons/entity sharing ownership	Current market value
APPLICANT								
SPOUSE & MINOR CHILDREN								

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SCHEDULE G: PROPERTY

Street address	Erf/plot No or Title Deed No	Purchase price & improvement cost	Date of purchase	Name(s) of registered owner(s)	Percentage ownership each	Current market value	If let, state monthly income
APPLICANT							
SPOUSE & MINOR CHILDREN							

SCHEDULE H: INSURANCE POLICIES

Name of policy holder	Insurance policy reference no	Type of policy	Insurance company	Beneficiaries of policy	Estimated maturity value	Current value of policy	Loan/surrender value of policy
APPLICANT							
SPOUSE & MINOR CHILDREN							

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SCHEDULE I: UNIT TRUSTS

Name of unit trust	Type of unit trust	Account number	Name of management co	Name of linked product co, if applicable	Number of units held	Original purchase price	Current selling price
APPLICANT							
SPOUSE & MINOR CHILDREN							

SCHEDULE J: MOTOR VEHICLES, MOTOR CYCLES, AIRCRAFT, BOATS, YACHTS & OTHER VESSELS

Nature of asset	Registration or other ID No	Details of Seller	Date of Purchase	Purchase Price	Method of Financing	If not cash, amount outstanding	Current market value
APPLICANT							
SPOUSE & MINOR CHILDREN							

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SCHEDULE K: BONDS/MORTGAGES PAYABLE

Name & address of bondholder	Identification of property	Date Incurred	Original amount	Current interest rate	Monthly Repayments	Unpaid Balance	Maturity Date	Other collateral provided
APPLICANT								
SPOUSE & MINOR CHILDREN								

SCHEDULE L: HIRE PURCHASE ACCOUNTS PAYABLE

Name & address of HP creditor	Date incurred	Original Amount	Interest rate	Amount Outstanding	Maturity Date	Monthly Repayments	Description of asset acquired	Other collateral provided
APPLICANT								
SPOUSE & MINOR CHILDREN								

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SCHEDULE M: LOANS PAYABLE (SECURED & UNSECURED)

Name & address of creditor	Date incurred	Original Amount	Interest rate	Amount Outstanding	Maturity Date	Monthly Repayments	Reasons for loan	Other collateral provided
APPLICANT								
SPOUSE & MINOR CHILDREN								

SCHEDULE N: OTHER LIABILITIES PAYABLE

Name & address of creditor	Date incurred	Original Amount	Interest rate	Amount Outstanding	Maturity Date	Monthly Repayments	Reasons for incurring liability	Other collateral provided
APPLICANT								
SPOUSE & MINOR CHILDREN								

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SCHEDULE O: OFF-BALANCE SHEET ASSETS

Description of asset	Registration or other ID No	Details of rental or leasing co	Date of Agreement	Expiry Date	Interest Rate	Monthly rental/ lease payments	Options at the end of the period
APPLICANT							
SPOUSE & MINOR CHILDREN							

SCHEDULE P: CONTINGENT LIABILITIES

Name & address of creditor	Date Incurred	Description of principal debt	Original Debt	Unpaid balance of debt	Maturity Date	Monthly payments	Reason for providing security	Other collateral	Other persons liable
APPLICANT									
SPOUSE & MINOR CHILDREN									

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2. FINANCIAL INSTITUTIONS:

2.1 Furnish the information below in respect of all bank accounts currently held with any financial institution, whether domestic or foreign, regardless of whether such account was held in the name of the applicant or a nominee of the applicant or was otherwise under the direct or indirect control of the applicant.

Name & street address of financial institution	Name of account holder	Type of account(s)	Account number	Period of time account held (from/to)

2.1.1 Provide **copies of statements of all the accounts** indicated above which reflect ALL transactions **for the past three months.**

2.1.2 Provide **copies of ALL cheques issued** to correspond with all transactions listed in 2.1.1 above.

2.2 Furnish the information below in respect of all bank accounts at any financial institution, wheresoever located, held in the name of the applicant or a nominee of the applicant, which were **closed during the past year.**

Name & street address of financial institution	Name of account holder	Type of account(s)	Account number	Period of time account held (from/to)



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3. SHARES HELD BY APPLICANT:

Furnish the information below in respect of each company in which the applicant holds shares:

INFORMATION REQUIRED	ENTITY 1	ENTITY 2	ENTITY 3	ENTITY 4
Name of company				
Reg. no of company				
Type of shares held				
Purchase price of shares				
Number of shares held				
Date acquired				
Percentage Ownership held				
Current market value				

4. FINANCIAL INTERESTS HELD IN OTHER BUSINESSES, EXCLUDING SHARES:

Describe below the nature and extent of any business interest other than shareholding, which the applicant has in any other businesses.

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5. CRIMINAL AND RELATED HISTORY:

This question requests information about any offences the applicant may have committed or may have been charged with. Prior to answering this question, carefully study the definitions and instructions below.

For the purposes of this application form: -

“Offence” includes all crimes, felonies, misdemeanours, or criminal offences regardless of their classification, and includes offences 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.

“Officer” includes all directors, executive management and trustees.

“Owner” includes all shareholders, members, partners, or other persons with a direct or indirect financial interest of 30% or more in the applicant.

Where an applicant has been charged, answer of **“yes”** must be given and all relevant information provided to the best of your ability, even if:

- the applicant did not commit the offence(s) with which it was charged;
- the charge was dismissed or withdrawn;
- the applicant was not convicted or
- the event(s) to which the charge(s) pertained occurred more than ten years ago.

If the records relating to the charges have been expunged by court order, answer **“no”** and attach a copy of the expunction order to this application, clearly labelling it **“Attachment to Question 5”**.

5.1. OFFICIAL ENQUIRY:

Has the applicant in the past year been subjected to an official enquiry by any regulatory body, government or provincial department, law enforcement agencies or gaming authorities?

Yes

No

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If **yes**, provide details below:

5.2. INDICTMENTS, CHARGES AND CONVICTIONS:

Has the applicant in the past year been indicted, charged with or convicted of a criminal offence or been a party or named as an indicted co-accused or co-conspirator in any criminal proceeding in any jurisdiction?

Yes No

If **yes**, complete the table below:

Case number	Nature of charge or complaint	Date	Name of law enforcement agency	Court involved	Outcome/ Sentence

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.

6. TRADE REGULATIONS AND SECURITIES JUDGMENTS:

Has the applicant in the past year had a judgment, consent, decree or consent order pertaining to a violation or alleged violation of trade regulations or securities Acts or similar Acts of any country, entered against it?

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Yes No

If **yes**, complete the table below:

Case number	Name of court or agency	Nature of judgement, decree or order	Date entered

7. INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT OR TRUSTEE:

A. Has the applicant had any application or petition under any provision of any insolvency or bankruptcy legislation filed by or against it during in the past year preceding the date of this application?

Yes No

If **yes**, provide details below:

B. Has the applicant sought relief under any provision of any insolvency or bankruptcy legislation during in the past year preceding the date of this application?

Yes No

If **yes**, provide details below:

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8. EXISTING LITIGATION:

Has the applicant been involved in any litigation in the past year?

Yes No

If **yes**, on a **separate page under the above number and heading**, describe all existing civil litigation in which the applicant is currently involved with, in any jurisdiction. Exclude any case for monetary damages where the damages are not expected to exceed B\$50,000.00 or the equivalent thereof. The description must include all the relevant details such as the title, case number, name and address of the court where the case is pending, the identity of all the parties, a summary of the charge and the general nature of all claims being made as well as the next date to appear in court.

9. GAMING-RELATED LICENCES/APPROVALS:

9.1. Provide details below of all gaming-related licences/approvals **currently held**:

LICENCE/APPROVAL TYPE	ISSUING JURISDICTION	DATE GRANTED	EXPIRY DATE

** Provide copies of all licences/approvals granted as well as the conditions attached to each.*

9.2. Provide details below of all gaming-related licences/approvals **refused** in the past year:

LICENCE/APPROVAL TYPE	ISSUING JURISDICTION	DATE APPLIED FOR	DATE REFUSED	REASONS FOR REFUSAL

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9.3. Provide details below of all applications for gaming-related licences/approvals **currently pending**:

LICENCE/APPROVAL TYPE	ISSUING JURISDICTION	DATE APPLIED FOR

10. TAX INFORMATION

10.1. Complete the tax details in respect of the applicant requested below:

Income tax reference no., if applicable	
Tax authority name, location & contact no	
VAT reference no., if applicable	
Other tax liability reference no.(s) (specify)	

10.2. Has the applicant submitted its income tax and all other required returns for the last tax year directly preceding the date of this application to the relevant Authorities?

Yes No

If **yes** and the applicant is a foreign citizen, furnish tax clearance certificates or the equivalent from the country of origin.

If **no**, give an explanation below.

Documentation in respect of any extension granted by any Tax Authority must also be attached.

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AFFIDAVIT

I,, do hereby make oath and say that:

1. I am the Applicant herein.
2. I am aware that the Board may refuse a licence/certificate of suitability to any applicant that supplies information to the Board which is false in any material respect or subject to any material omission.
3. The particulars contained herein are to the best of my knowledge and belief true and correct in every detail and I have fully disclosed all information required in completing this form.

SIGNATURE OF DEPONENT

DATE

I certify that:

This declaration was sworn to before me at, on this day of, 20.....

.....
NOTARY PUBLIC/COMMISSIONER OF OATHS

MY COMMISSION EXPIRES ON:

Note: This affidavit must be accompanied by a Board resolution authorising the signatory to execute same.

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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)

(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.

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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 same.

AUTHORISED SIGNATURE