REPUBLIC OF CYPRUS

National Gaming and Casino Supervision Commission

# Gaming Supplier Licence Application Form

- This application form should be used by anyone wishing to manufacture or supply gaming machines or software or who wishes to provide gaming test services to the Republic of Cyprus Integrated Casino (ICR) operator.
- Please read the Gaming Supplier Licence Application Form Guidance Notes before completing this application form.
- If you make a mistake, please fill in the box and write the correction as near to the mistake as possible. **Do not use correction fluid.**
- If there are **any** changes to your circumstances, or if **any** of the information contained within this form changes during the period between submitting your application and your application being determined, you **must** notify the Commission immediately. Failure to do so could result in your application being delayed or cause the decision on your licence to be reviewed.
- If the application fee, and if required an investigation fee, is not provided, the form is completed incorrectly or supporting documentation is missing or not provided upon request, your application will be delayed, and this may result in your application being determined based on the information we have available which may affect the decision on whether a licence can be granted.

## Section 1. Applicant Details

### Question 1.

**Please provide the name of the Applicant who is applying for the licence**

Gaming Supplier name (the company, individual or other entity that will be the licence holder). If the entity is a partnership, the name of each individual partner must be listed.

Trading Name(s) (if different from above)

## Section 2. Licence activities

**Question 2.**

**Please indicate all the activities that you are applying for in respect of this application.**

**Gaming machine and software manufacture** ☐ **Gaming machine supplier** ☐

**Software supplier** ☐ **Gaming Test Services** ☐

**Please note if you are applying to provide Gaming Test Services you will also need to complete and submit form Annex A (please see guidance notes).**

**Question 3.**

**Will the Applicant be providing any maintenance or repair or software installation/update services to the ICR operator? Please note that employees of the Applicant who provide such services may be required to obtain a casino employee licence (see guidance notes).**

**Yes – please provide brief details below** ☐ **No** ☐

**Nature of services provided**

## Section 3. Contact Details

**Question 4.**

**Please provide the following details for the contact you want the Commission to correspond with about this application. This can be an employee of the applicant or other representative such as a lawyer. Please note that ALL correspondence and licences relating to this application will be issued to this person.**

Title

First Name (s)

Last Name

Position

Property number

Name

Street

Town/City

Country

Zip/Postal code

Telephone number (including area/country code)

Email address

Please confirm if the person named above will be the main contact for all matters relating to the gaming supplier licence (if granted) or whether they are the contact for application purposes only.

Main Contact ☒

Contact for this application only ☒

If the person listed above is the contact for this application only, please confirm the full name and email address of the individual you want to be the main contact for all other matters relating to your gaming supplier licence (if granted).

First name(s)

Last Name

Email address

## Section 4. Organisation Details

**Question 5.**

Please indicate the type of entity applying for the licence.

Sole Proprietor ☒

Private Limited Company ☒

Partnership ☒

Public Limited Company ☒

Limited Liability Partnership ☒

Other (please specify below) ☒

Please note copies of the Certificate of incorporation, Constitution or Memorandum of Association and Articles of Association, Partnership agreement as applicable must be provided with the application.

Date of incorporation where applicable
DD/MM/YYYY

Country of incorporation

Business registration/incorporation number

Place of incorporation

**Question 6.**

Has the Applicant ever been known by another name (previous names, aliases and company name changes).

Yes. Please provide details below (use a continuation sheet if necessary) ☒

No – please continue to question 7 ☒

6a Previous name

From DD/MM/YYY

To DD/MM/YYYY

6b Previous name

From DD/MM/YYY

To DD/MM/YYYY

**Question 7.**

**Please provide details of all companies that are related to the Applicant as intermediary, holding, or subsidiary companies. Please use a continuation sheet as necessary. In addition, please provide a copy of the current corporate family tree showing the corporate structure and relationships of ALL related companies.**

7a Name of company

Place of incorporation

Country of incorporation

Business registration/incorporation number

Date of incorporation DD/MM/YYYY

**Brief description of nature of business**

7b Name of company

Place of incorporation

Country of incorporation

Business registration/incorporation number

Date of incorporation DD/MM/YYYY

**Brief description of nature of business**

7c Name of company

Place of incorporation

Country of incorporation

Business registration/incorporation number

Date of incorporation DD/MM/YYYY

**Brief description of nature of business**

**Question 8.**

**Please provide details of any former businesses which are not identified in question 7 above and which the Applicant or its related companies have engaged in the last 10 years. Please use a continuation sheet as necessary.**

**8a Name of company**

**Start date of business DD/MM/YYYY**

**End date of business DD/MM/YYYY**

**Description of former business**

**Reason for cessation**

**8b Name of company**

**Start date of business DD/MM/YYYY**

**End date of business DD/MM/YYYY**

**Description of former business**

**Reason for cessation**

**8c Name of company**

**Start date of business DD/MM/YYYY**

**End date of business DD/MM/YYYY**

**Description of former business**

**Reason for cessation**

**Question 9.**

**Please provide the list of addresses at which the Applicant has been registered or conducted business in the past ten years. Please provide the information in chronological order beginning with the current address. If necessary please use a continuation sheet.**

**9a Date from DD/MM/YYYY**

**Date to DD/MM/YYYY**

Property number/name

Street

Town/City

Country

Zip/Postal code

9b. Property number/Name

Street

Town/City

Country

Zip/Postal code

Question 10

**Provide details (full names and dates of birth) of all current directors, secretaries, principal executive officers, executive officers and senior management personnel who are involved in the management or operation of the gaming business. This should include those responsible for the overall strategy and delivery, financial planning, control and budgeting, regulatory compliance, gambling related IT provision and security, marketing and commercial development.**

**You will also be required to provide copies of the company and corporate management diagrams.**

| Full Name | Date of Birth | Position held | Date position held from |
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**Question 11.**

**For those individuals named in question 10 please indicate if they currently hold or have previously held a gambling related licence or approval in any jurisdiction.**

| Name of individual | Type of licence or approval and number | Full name and country location of issuing authority | Held from/ to | Reason for cessation if applicable |
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**Question 12.**

**Please provide details of any joint venture arrangement, in relation to the ownership, development, management of any casino, gaming, wagering, junket, gaming machine manufacture/supplier or test provider, between the Applicant and any other company for the past ten years. Please use a continuation sheet if necessary.**

| Name of Joint Venture Entity | Description of Joint Venture | Start Date DD/MM/YYYY | End Date DD/MM/YYYY |
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## Section 5. Licence History

**The Commission requires details of all licences held by the Applicant and associated entities. In addition to requiring copies of any licences held the Commission will also require confirmation from each jurisdiction where a licence is held as to the licensees track record of compliance with legal and regulatory requirements.**

**Question 13.**

**Is the Applicant currently licensed or approved as a supplier or gaming machine test service provider by a government authority in another member state of the European Union or state, belonging to the European Free Trade Zone which has signed the Agreement for the single European Area or in a state with which the European Union has signed an agreement for a customs union and mutual recognition for compliance evaluation of products?**

Yes - please provide details below ☒ No – please continue to question 15 ☒
(use a continuation sheet if
necessary and provide a full copy of such licence(s) or approval(s) with this application).

Name of issuing body

Type of licence held

Licence number

Country

Date licence was issued DD/MM/YYYY

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Brief description of activities authorised by licence or approval

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**Question 14.**

**Has the Applicant had any disciplinary action taken against it in the last ten years in respect of the licence detailed in response to question 13? Please include any current or pending disciplinary action.**

Yes – please provide details below (use a continuation sheet if necessary) ☒ No – please continue to question 15 ☒

Date of action

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Details of action

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|---|---|---|---|---|---|
| Disqualified | ☒ | Cancelled | ☒ | Warning | ☒ |
| Suspended | ☒ | Revoked | ☒ | Conditions/ Restrictions Attached | ☒ |
| Reviewed | ☒ | Other (please specify below) | ☒ | Fine | ☒ |

Please provide details of the circumstances surrounding the disciplinary action, including the outcome and any additional information below. Please use a continuation sheet if necessary.

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**Question 15.**

**Please indicate if the Applicant or any other associated entities (as named in question 7) currently hold any gambling related licences, permits or approvals, or have any applications pending, or previously held any licences, permits or approvals in any jurisdiction.**

**Please note if you have already answered Question 13 in relation to the Applicant you do not need to repeat the information here but you should provide details of licences in respect of the Applicant for jurisdictions other than those included in question 13.**

**Does the Applicant or any other associated entities, currently hold, have any applications pending or previously held any licences or permits in any jurisdiction?**

Yes – please provide details below (use a continuation sheet if necessary and provide a full copy of such licenses or approvals with this application) ☒ No- please continue to question 16 ☒

Name in which licence, permit or approval is held, was held or is being applied for

Name of issuing body

Type of licence, permit, approval held/applied for

Licence number

Country

Date issued

Date of application

Date Ended

Reason why the licence, permit or approval is no longer held

**Question 16.**

**In the last 10 years has there been any disciplinary action taken against any of the licences, permits or approvals detailed in response to question 15? Please include any current or pending disciplinary action.**

Yes – please provide details below (use a continuation sheet if necessary and provide copies of any correspondence relating to such actions with this application) ☐

No - please continue to question 17 ☐

Date of action

Details of action

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|---|---|---|---|---|---|
| Disqualified | ☐ | Cancelle | ☐ | Warning | ☐ |
| Suspended | ☐ | Revoked | ☐ | Conditions/ Restrictions Attached | ☐ |
| Reviewed | ☐ | Other (please specify below) | ☐ | Fine | ☐ |

Please provide details of the circumstances surrounding the disciplinary action, including the outcome and any additional information below. Please use a continuation sheet if necessary.

## Section 6. Criminality and Investigations

**Question 17.**

**Has the Applicant or any of its directors, partners or officers named in question 10 or any other person relevant to the application EVER been found liable under the criminal laws of any jurisdiction, or received a civil penalty relating to their corporate duties. Please also include details if charged with an offence but awaiting trial or under investigation.**

**Yes – please provide details below (use a continuation sheet if necessary)** ☒ **No – please go to question 18** ☒

**Applicant or full name of individual**

**Date DD/MM/YYYY**

**Details of Offence**

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|---|---|---|---|---|---|
| **Director's Liability** | ☒ | **Corruption** | ☒ | **Companies Act *** | ☒ |
| **Insolvency Offences** | ☒ | **Fraudulent Trading** | ☒ | **Restraint, confiscation orders, asset recovery** | ☒ |
| **Regulatory Offences** | ☒ | **False Accounting** | ☒ | **Felony offences** | ☒ |
| **Financial Services and Market Act Offences** | ☒ | **Corporate Manslaughter** | ☒ | **Other (please specify below)** | ☒ |

**Please provide full details of the circumstances surrounding the offence below (including details of any penalties issued and the location of the convicting court and country). If you have crossed Felony offences ensure you specify which offence was the subject of the conviction/are awaiting trial on/or under investigation. Please use a continuation sheet if necessary.**

**Question 18.**

**Is the Applicant or any related companies subject to any current, pending or previous investigation by any statutory, regulatory or governing body in any jurisdiction (e.g. tax authority, financial services authority) in respect of any gambling activity, gambling licence, certificate or permit held in the last ten years?**

**Yes – please provide details below (use a continuation sheet if necessary)** ☒ **No – please continue to question 19** ☒

**18a Date DD/MM/YYYY**

**Name of Investigating Body**

**Country**

**Type of Licence held**

**Case/investigation reference number**

**Please provide full details of the circumstances surrounding the investigation below (including the outcome). If investigation is still current or pending, please include name of investigating officer if known.**

**18b. Date DD/MM/YYYY**

**Name of Investigating Body**

**Country**

Type of Licence held

Case/investigation reference number

Please provide details of the circumstances surrounding the investigation any additional information below including the outcome. If investigation is still current or pending, please include name of investigating officer if known.

## Section 7. Finances and Ownership

The Commission needs to know how the business is funded and who has a financial interest in the business including if an individual or any other companies have a 3% or more equity stake in the Applicant. Where an individual owns a 10% or more interest in the Applicant the Commission will require additional information on that individual and may require completion of Annex B (please see guidance notes).

Where the Applicant is owned by other entities the Commission will require a diagram detailing the ownership structure (please see guidance notes).

**Question 19.**

Do any individuals DIRECTLY own a 3% share or above share in the Applicant?

Yes – Please provide details below (use a continuation sheet if necessary) ☒ No – please continue to question 20 ☒

19a First name(s)

Last name

Date of birth

Equity %

19b First name(s)

Last name

Date of birth

Equity %

19c First name(s)

Last name

Date of birth

Equity %

19d First name(s)

Last name

Date of birth

Equity %

19e First name(s)

Last name

Date of birth

Equity %

## Question 20

Is the Applicant owned by any other companies?

Yes – please provide a diagram ☒ No – please continue to question 21 ☒

Where any other companies own equity in the Applicant, please provide a diagram showing the ownership structure and identifying the entities and their shareholders who either directly or indirectly have an interest of 3% or more in the Applicant, to the point at which the shareholding becomes so diluted that no one entity or individual holds more than the threshold interest of 3% (see Guidance notes).

In order to assess the financial stability of the Applicant the Commission requires the following information:

- Audited and/or published financial statements for the last five years
- Annual reports of the Applicant for the last five years
- Interim financial statements if current year audited statements are not available
- Annual financial and tax returns for the Applicant which were provided to local or foreign regulator for the past 5 years
- Where the Applicant is part of a Group, the most recent set of audited accounts for the ultimate Parent Company.

**Question 21.**

**Please provide details of the Applicants auditors/accountants for the last 10 years. Please use a continuation sheet if necessary.**

| Name | Address | Country | From | To |
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**Question 22.**

**Is the Applicant or its related companies publicly listed on any securities exchanges?**

**Yes – please provide details below (use a continuation sheet if necessary)** ☒ **No – please continue to question 23** ☒

**22a. Name of company**

**Name of Securities Exchange**

**Country**

**22b Name of company**

**Name of Securities Exchange**

**Country**

**Question 23.**

**Please provide details of all bank financial institution accounts that are operated by the Applicant for the last ten years. Use a continuation sheet if necessary.**

| Name of bank/financial institution | Branch name and address | Account number | Currently in use (Y or N) | Names of account signatories |
|---|---|---|---|---|
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**Question 24.**

**Does the Applicant have any current loans or has obtained loans from individuals, companies or institutions in the last 5 years?**

**Yes – please provide details below (use a continuation sheet if necessary)** ☒ **No – please go to question 25** ☒

**24a Name of lender**

**Address of lender**

**Date of loan from** **Date to**

**Loan Amount**

| Currency | Amount |
|---|---|
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**Purpose of loan. Please provide details – also indicate of applicable how much of the loan is outstanding.**

**24b Name of lender**

**Address of lender**

**Date of loan from** **Date to**

**Loan Amount**

| Currency | Amount |
|---|---|
| | |

**Purpose of loan. Please provide details – also indicate of applicable how much of the loan is outstanding.**

**24c Name of lender**

**Address of lender**

**Date of loan from** **Date to**

**Loan Amount**

| Currency | Amount |
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**Purpose of loan. Please provide details – also indicate of applicable how much of the loan is outstanding.**

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**Question 25.**

**During the last ten years has the Applicant, its Parent company or any subsidiary maintained any bank account in any jurisdiction which is not reflected on the Applicants books or records?**

**Yes – Please provide details below (use a continuation sheet if necessary)** ☒ **No – please continue to question 26** ☒

| Name of Company | Name of bank | Place of bank and country | Account number | Account type | Details |
|---|---|---|---|---|---|
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**Question 26.**

**During the past ten years has the Applicant, its Parent company or any subsidiary maintained any numbered account or any account in the name of a nominee for the Applicant?**

**Yes – please provide details below (use a continuation sheet if necessary)** ☒ **No – please continue to question 27** ☒

**26a**

| Name of company | Name of Nominee |
|---|---|
| | |
| **Name of bank** | **Place of bank and country** |
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| **Account number** | **Account type** |
| | |

| Details. |
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26b

| Name of company | Name of Nominee |
|---|---|
| | |
| Name of bank | Place of bank and country |
| | |
| Account number | Account type |
| | |
| Details. | |

Question 27.

Has the Applicant or any related companies had any petition under any bankruptcy, receivership, administration or insolvency law filed by or against it or sought relief under any bankruptcy or insolvency laws in the last ten-year period?

Yes – Please provide details below (use continuation sheet if necessary) ☒ No – please continue to question 28 ☒

Company

Case name or number/tracking number

Date Petition filed or relief sought

Date Entered

Name of court or agency

Full Address of Court or Agency (including country)

**Nature of judgement or relief – please provide details**

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**Question 28.**

**Where any charges brought against the Applicant, or any related companies of the Applicant or any officers of the Applicant or a related company as a result of an Administrator, Receiver or Liquidator being appointed?**

**Yes – please provide details below (use a continuation sheet if necessary)** ☒ **No – please continue to question 29** ☒

| Name of Company or Individual | Details | Date |
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**Question 29.**

**Is there anything else that the Commission could reasonably expect you to inform us of or anything else you would like to add in support of your application? If so, please provide details below:**

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## Section 8. Declaration

**The following declaration must be signed in all cases:**

a) If the Applicant is an individual, by that individual
b) If the Applicant is a partnership, by all individuals who are partners
c) If the Applicant is a company by the company secretary (if it has one) and/or at least one director
d) In any other case, by a duly authorised officer of the Applicant

**Should the information provided in this application form cease to be correct, or if there are any changes to the information provided in the application form between the date the application form was submitted and the date it is determined, it is the Applicant's responsibility to inform the Commission immediately. Failure to do so could result in any licence subsequently issued to be reviewed and possibly revoked or other penalties imposed.**

**The Commission may require confirmation or further information from third parties in respect of any evidence or documentation I/we have provided in support of this application. I/we agree to grant authorisation for the Commission to request and receive information about the Applicant and/or its officers as named in this application from those third parties.**

**I/we agree to provide authorisation for the Commission to obtain bank references (status enquiries).**

**I/we understand that any misrepresentation of failure to reveal information or grant any authorisation requested may be deemed sufficient cause for the refusal or revocation of the licence.**

**I/we certify that to the best of our knowledge my/our knowledge that the information given in this application is complete and correct and that all material information and supporting documentation has been included.**

**I/we agree to notify the Commission immediately should any of the information given in this application change.**

**a) First name (s)**

**Last name**

**Position in organisation**

**Signed** **Date DD/MM/YYYY**

**b) First name (s)**

**Last name**

**Position in organisation**

**Signed** **Date DD/MM/YYYY**

## Section 9. Enclosures

**Please cross the box to indicate the required enclosures have been attached (as applicable): Please ensure you have read the Guidance notes and are clear as to what is required.**

**Application fee (non-refundable) €500** ☒

**Investigation fee (as applicable)** ☒

**Certificate of incorporation, Constitution or Memorandum of Association and Articles of Association, Partnership agreements or other written constitution** ☒

**Company and Management diagrams (see guidance notes)** ☒

**Copies of all gambling related licences, permits, approvals held by the Applicant and associated entities** ☒

**Ownership Structure diagram** ☒

**Audited accounts/financial statements (see Q20)** ☒

**Copies of any loan agreement and associated documents (see Q 24)** ☒

**Confirmation from each jurisdiction where a licence is held as to the track record of the licensee with regard to compliance with the legal with the and regulatory requirements** ☒

**Annex A – and supporting documents (Test Providers only)** ☒

**Continuation sheets – please indicate number included** ☒

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**Remember: Your application will not be considered unless all relevant questions have been completed and the application fee has been paid in full. Failure to provide the above information or to provide further information when requested by the Commission may result in your application being determined based on the information available at the time which may affect the outcome of your application.**

The National Gaming and Casino Supervision Commission is a data controller under the terms of the Republic of Cyprus Processing of Personal Data (Protection of the Individual) Law 138(I) 2001 and amendments thereto, as superseded by the General Data Protection Regulation (EU 2016/679) on 25 May 2018. The information provided in this application will be processed for the purposes necessary for the Commission to carry out its functions and meet its legal obligations. The data may be shared with third parties who fulfil a service on behalf of, and under the express instructions of, the Commission. It may also be shared with other bodies where it is necessary to do so and where we are legally required or permitted to do so. This may include sharing data, when appropriate, with relevant public authorities, overseas regulators, law enforcement agencies. Sharing data is primarily for the purpose of performing our regulatory functions such as assessing the suitability of individuals and organisations to be licensed but it may also be necessary to share information for the prevention and detection of crime or for the processing and collection of casino tax and enforcement of the Law Regulating the Establishment, Operation, Function, Supervision and Control of Casinos and Related Matters of 2015, the Casino Operations and Control (General) Regulations of 2016, the Prevention and Suppression of Money Laundering Activities and Terrorist Financing Law of 2007 and the licence terms and conditions contained in licences issued by the Commission.