

# **Annex A**

# **Personal Declaration**

To be completed by persons listed in response to question 9 of the Junket Operator licence application form (except junket representatives - see guidance notes).

Applicant																					
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Please provide details of your date of birth.	
Town/City	
County/District/Area	
Country	
Country	
Nationality at birth (if different to that given in response to question 4)	1 1
Question 7.	
Do you have a current full or provisional driving licence?	
Yes - please provide details below No - please continue to question 8	X
Driving licence number	
Country of issue	
Date of issue	
Date of issue	
Question 8.	
Do you have a valid passport?	
Do you have a valid passport?  Yes - please provide details below  No - please continue to question 9	X
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Yes - please provide details below No - please continue to question 9	
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Yes - please provide details below  No - please continue to question 9  Passport number	
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Yes - please provide details below  No - please continue to question 9  Passport number  Country of issue  Date of issue  Question 9.  Do you have a spouse or civil partner?  Yes - please provide details below  No - please continue to question 10	
Yes - please provide details below  No - please continue to question 9  Passport number  Country of issue  Date of issue  Question 9.  Do you have a spouse or civil partner?  Yes - please provide details below  No - please continue to question 10	
Yes - please provide details below  No - please continue to question 9  Passport number  Country of issue  Date of issue  Date of issue  Do you have a spouse or civil partner?  Yes - please provide details below  No - please continue to question 10  First name(s)  Last name	
Yes - please provide details below  No - please continue to question 9  Passport number  Country of issue  Date of issue  Question 9.  Do you have a spouse or civil partner?  Yes - please provide details below  No - please continue to question 10  First name(s)	
Yes - please provide details below  No - please continue to question 9  Passport number  Country of issue  Date of issue  Date of issue  Do you have a spouse or civil partner?  Yes - please provide details below  No - please continue to question 10  First name(s)  Last name	

Question 6.

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Question 11.			
To your knowledge are you currently the	he subject of an	v criminal investigation in any i	urisdiction
(please note that charges need not hav		y chimia investigation in all, j	urisurette
Yes - please provide details below	No - plea	ase continue to question 12	X
(use a continuation sheet if		100 CO. 111110 CO. 11110 CO. 1	
necessary)			
Date of investigation			
Name of investigating body			
Location of investigating body			
Subject of investigation			
Please provide details of the circumsta	nces surroundi		ditional
information including if know the name			
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Question 12.			
In the last ten years have you ever had	d any civil action	ı taken against you?	
Vas. wlassa wwa.ida dataila balaw. E	➡ No wlees	a continue to avection 12	
Yes - please provide details below (use a continuation sheet if	No - pleas	e continue to question 13	X
necessary)			
Date of Action			
Name of body taking legal action			
Nature of civil legal action			
Nature of Civil legal action			
Please provide details of the circumsta			
the location of the court and country an necessary.	nd any addition	al information. Use a continuation	on sneet if
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## **Section 5. Financial Circumstances**

### Question 13.

Have you ever been declared bankrupt or entered into an agreement with creditors or an individual Voluntary Agreement/Protected Trust deed in the last ten years?

Yes - please provide detail (use a continuation sheet necessary)		X	No - p	olease continue to question	14
Please give full details incif applicable.	luding the cir	rcumstan	ices, date	of action/agreement, date o	of discharge
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Question 14.  Please list your total asserted refer to Guidance notes for Statement of Assets	ts and liabiliti or further deta	ies belov ails. Plea:	v listing s se use a c	eparately those over €100,0 ontinuation sheet if necessa Statement of Liabilities	ary.
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Question 15.  Are you in default in response	ect of any of t	the liabil	ities liste	d above?	
Yes - please provide detail (use a continuation sheet necessary)		No.	o – please	continue to question 16	
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Date to	<del>, , , , , , , , , , , , , , , , , , , </del>	
Employed within the	gambling industry?	
Yes	No	
17c. Employer name a	and details	
job title		
Role and responsibili		
Date from		
Date to		
Date to		
Employed within the	gambling industry?	
	gamoning maastry.	
Yes	No	
Question 18.		
		sts. If you are a shareholder in another more. Please use a continuation sheet as
Name of Company	Nature of Business	Nature of your Interest (e.g. owner, shareholder (state % of equity held), director, other - please specify)
		, , , , , , , , , , , , , , , , , , , ,
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#### Section 7. Declaration

- a) I certify that all the information contained in this form is correct and complete in every aspect.
- b) I understand that the Commission may require confirmation or further information from third parties in respect of any evidence or documentation I have provided. I agree to grant authorisation for the Commission to request and receive information about me from those third parties.
- c) I agree to work with the Commission in an open and co-operative manner.
- d) I agree to notify the Commission immediately should any of the information I have given in this form change between the date of the applicant's application and the date that application is determined.
- e) I certify that any documents provided are original or a true copy.
- f) I understand that any misrepresentation or failure to reveal information or to grant any authorisation requested may impact on the application of the applicant and could be sufficient cause for the refusal of that application.
- g) I consent to having a copy of this application and any photograph, fingerprints or palm prints taken to the Police, who shall inquire into and report to the Commission on such matters as the Commission requests.

By signing this declaration, I am agreeing to all of paragraphs a) to g).

Fir	st n	ame	(s)													
La	st na	ame														
Sig	jned						_			ı	Date	d				

## **AUTHORISATION FOR RELEASE OF INFORMATION**

To, and without exception, both domestic and foreign, all government departments and agencies,

employers, educational institutions, courts, banks, financial and other such institutions and any other third party that may hold relevant information.
l, (please complete your name in full in capital letters)
Date of birth
Signature
hereby authorise the Commission, its officers and agents to undertake such enquiries and request, receive and obtain any and all information, including copies of any record, documentation or opinion whether in written, electronic or other form, that the Commission may require when considering the suitability of the individual (either in application for a licence or as person considered by the Commission to be relevant to an application), both upon application for any licence, and, if so granted, throughout the life of any licence.
This authorisation shall supersede and countermand any previous request or authorisation to the contrary. A photocopy or electronic version of this authorisation will be considered as effective and as valid as the original.
Date