



# Casino Employee/Casino Key Employee Licence Application Form

- This form is for applications for a **Casino Employee** or **Casino Key Employee** Licence.
- Please read the **Casino Employee/Casino Key Employee Licence Application Form Guidance Notes** **before** completing this application form.
- This form **must** be completed in **English**. Please write clearly within the boxes, leave a space in between words and use **CAPITAL LETTERS**, except when signing or providing an email address.
- Mark with a cross (X) where a cross box answer is required.
- 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.
- Your application will not be considered unless **all relevant questions have been completed and the application and investigation fees (as required) have been paid**. Failure to provide the relevant 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, including whether a licence can be granted**.



















**12. Casino Employee Licence.**

Please refer to the Guidance Notes and select the relevant cross box to indicate the function you will be performing (If you are not applying for a Casino Employee Licence please continue to question 13).

Casino dealer/croupier	<input checked="" type="checkbox"/>	Accounting	<input checked="" type="checkbox"/>
Machine mechanic	<input checked="" type="checkbox"/>	Surveillance	<input checked="" type="checkbox"/>
Security employee	<input checked="" type="checkbox"/>	Cashier/Collection	<input checked="" type="checkbox"/>
Other – please specify below	<input checked="" type="checkbox"/>		

**13. Casino Key Employee Licence.**

Please refer to the Guidance Notes and select the relevant cross box(es) to indicate the main management function(s) you will have overall responsibility for (If you are not applying for a Casino Key Employee Licence please continue to question 14).

Overall strategy and delivery of gambling	<input checked="" type="checkbox"/>	Gambling related IT provision and security	<input checked="" type="checkbox"/>
Financial planning, control and Budgeting	<input checked="" type="checkbox"/>	Major investor, owner or partner percentage equity share _____%	<input checked="" type="checkbox"/>
Regulatory Compliance	<input checked="" type="checkbox"/>	Other please specify _____	<input checked="" type="checkbox"/>
Marketing and commercial development	<input checked="" type="checkbox"/>		

Please refer to the Guidance Notes and select the relevant cross box to indicate the manager/supervisor/officer role you will be performing (if applicable) (If you are not applying for a Casino Key Employee Licence please continue to question 14).

Casino manager	<input checked="" type="checkbox"/>	Cashier supervisor	<input checked="" type="checkbox"/>
Pit boss	<input checked="" type="checkbox"/>	Shift boss	<input checked="" type="checkbox"/>
Assistant casino manager	<input checked="" type="checkbox"/>	Security manager/supervisor	<input checked="" type="checkbox"/>
Nominated officer for anti-money laundering	<input checked="" type="checkbox"/>		
Other – please specify _____			<input checked="" type="checkbox"/>






**17. Have you had any disciplinary action taken against you in the last five years in respect of the licence detailed in response to question 16?**

Yes - please complete the following details (use a continuation sheet if necessary)  No - please continue to question 18

Date of action

D	D	M	M	Y	Y	Y	Y
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Details of action

Disqualified	<input checked="" type="checkbox"/>	Cancelled	<input checked="" type="checkbox"/>	Warning	<input checked="" type="checkbox"/>
Suspended	<input checked="" type="checkbox"/>	Revoked	<input checked="" type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>
Conditions/restrictions attached	<input checked="" type="checkbox"/>	Other (please specify below)			<input checked="" type="checkbox"/>

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.




**20. Have you ever had any civil legal action taken against you (including County Court Judgements)?**

Yes – please complete the following details (use a continuation sheet if necessary)



No - please continue to question 21



Date of action

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of body taking legal action

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Nature of civil legal action


Original amount at date of action (if applicable)

Amount outstanding (if applicable)

£ 

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£ 

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


**21. Are you subject to any current, pending or previous investigation by any statutory, regulatory or governing body in respect of any gambling activity, gambling licence, permit or authorisation held in the last ten years?**

Yes – please complete the following details (use a continuation sheet if necessary)



No – please continue to question 22



Date of investigation

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of investigating body

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Type of gambling activity or gambling licence, permit, or authorisation held and reference number


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








**For Casino Key Employee applicants ONLY**

**24. Please list your total assets and liabilities below, listing separately those over £100,000. Please refer to the Guidance Notes for further details.**

Statement of assets	£
<b>Total</b>	

Statement of liabilities	£
<b>Total</b>	

**25. Are you in default on any of the liabilities listed in response to question 24?**

Yes - please complete the following details (use a continuation sheet if necessary)

No - please continue to question 26

Please provide details of the circumstances surrounding the default and any additional information below. Please use a continuation sheet if necessary.




**28a. Employer name and details**


**Job title, main responsibilities and reason for leaving**


Date from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employed within the gambling industry?

Yes

No

**28b. Employer name and details**


**Job title, main responsibilities and reason for leaving**


Date from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employed within the gambling industry?

Yes

No

**28c. Employer name and details**


**Job title, main responsibilities and reason for leaving**


Date from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employed within the gambling industry?

Yes

No

**28d. Employer name and details**


**Job title, main responsibilities and reason for leaving**


Date from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Employed within the gambling industry?

Yes

No

**29. Do you have any professional qualifications relating to your current responsibilities and/or have you received any training relevant to the licensing objectives (including any training due to take place within the next three months)? Please also provide details of any gambling related training, either as part of an employer's training programme or with an education provider, trade association, etc.**

Yes - please complete the following details  
(use a continuation sheet if necessary)



No - please continue to question 30



Professional body/training provider


Date from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Qualification/training received


**30. Are you now, or have you ever been, a member of a professional body (e.g. Institute of Accountants, Law Society etc.)?**

Yes - please complete the following details  
(use a continuation sheet if necessary)



No - please continue to question 32



Name of professional body

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Membership number

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Date from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



Please provide the reason for disqualification and any additional information below. Please use a continuation sheet if necessary.


## Section 12. Other Information

34. Is there any other information which you believe the Commission would reasonably expect notice of or you would like to be taken into account when considering this application?

Yes - please provide details below  
(use a continuation sheet if necessary)

No - please continue to Section 13






## Section 14. Enclosures

Please select the relevant cross box(es) to confirm that the required enclosures have been attached:

The appropriate fee (non-refundable) €200 for Casino Employees/€500 for Casino Key Employees	<input checked="" type="checkbox"/>
Investigation fee (if required)	<input checked="" type="checkbox"/>
Personal identification documents or certified photocopies	<input checked="" type="checkbox"/>
Confirmation from the police dated within sixty days of the application of the applicant's criminal record.	<input checked="" type="checkbox"/>
Overseas police report dated within the same timescale is required if you are not a Cypriot national and/or have lived outside of the Republic of Cyprus	<input checked="" type="checkbox"/>
Copies of any gambling related licences, permits, or authorisations held by the applicant within any jurisdiction	<input checked="" type="checkbox"/>
Letter of conduct dated within sixty days of application from other gambling jurisdiction where licence held (casino key employee only) if applicable	<input checked="" type="checkbox"/>
Copy of current curriculum vitae or résumé	<input checked="" type="checkbox"/>
Original bank statements if applicable	<input checked="" type="checkbox"/>
Credit reports (casino key employees only)	<input checked="" type="checkbox"/>
Passport sized photograph	<input checked="" type="checkbox"/>
Authorisation for Release of Information Form	<input checked="" type="checkbox"/>
Continuation sheet(s) (if required)	<input checked="" type="checkbox"/>

**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.

## 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.

I, \_\_\_\_\_  
(please complete your name in full in capital letters)

Date of Birth: \_\_\_\_\_

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

Hereby authorise the Commission, its officers or 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 any other form, that the Commission may require when considering the suitability of the individual (either in application of a licence or as a 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: