

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**.

SECTION 1 APPLICANT DETAILS

1. Please provide your full name.

Title

[illegible]

First name(s)

[illegible]

Last name

[illegible]

SECTION 2 CONTACT DETAILS

2. Please provide your address and contact details. Please note, all future correspondence relating to this application and the licence (if granted) will be directed to this address. The address provided in this section MUST be in the Republic of Cyprus. If you currently live outside the Republic of Cyprus please provide your current address under question 3 and an alternative correspondence address in the Republic of Cyprus.

Address line 1

[illegible]

Address line 2

[illegible]

Town/city

[illegible]

Postcode/zip code

[illegible]

Date from

D	D	M	M	Y	Y	Y	Y
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Occupancy status e.g. homeowner, tenant, correspondence, etc.

[illegible]

Home number (country code, area code & number)

[illegible]

Work number (country code, area code & number)

[illegible]

Mobile number (country code, area code & number)

[illegible]

Email address

[illegible]

Section 3. Address History

3. Have you lived at any other addresses within the last ten years? (Please provide a full ten year address history leaving no gaps within the timeline).



3a Address line 1

[illegible]

Address line 2

[illegible]

Town/city

[illegible]

Postcode/zip code

Country

[illegible]

Date from

Occupancy status e.g. homeowner, tenant, correspondence, etc.

D	D	M	M	Y	Y	Y	Y
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[illegible]

Home number (country code, area code & number)

Work number (country code, area code & number)

[illegible][illegible]

Mobile number (country code, area code & number)

[illegible]

Email address

[illegible]

@

3b. Address line 1

[illegible]

Address line 2

[illegible]

Town/city

[illegible]

Postcode/zip code

Country

[illegible]

Date from

Date to

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

3c. Address line 1

[illegible]

Address line 2

[illegible]Town/city[illegible]

Postcode/zip code

Country

[illegible]

Date from

Date to

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

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

3d. Address line 1

[illegible]

Address line 2

[illegible]

Town/city

[illegible]

Postcode/zip code

Country

[illegible]

Date from

Date to

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

D	D	M	M	Y	Y	Y	Y
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Section 4. Identity Details

4. Please provide the following personal details.

Gender: Male



Female



Date of birth

National or Social Insurance Number or Identity Number

D	D	M	M	Y	Y	Y	Y
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[illegible]

Nationality

[illegible]

If you are not a Cypriot citizen please confirm the number of years you have lived in Cyprus

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Mother's maiden or family name

[illegible]

Yes – please complete the following details ☐ No – please continue to question 6 ☐

(use a continuation sheet if necessary)

[illegible]

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

[illegible]

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

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

[illegible][illegible][illegible][illegible]

Yes – please complete the following details ☒ No – please continue to question 8 ☐

[illegible]

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

[illegible]

Yes – please complete the following details ☒ No – please continue to question 9 ☐

[illegible]

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

[illegible]

9. Do you have a spouse or civil partner?

Yes – please complete the following details



No – please continue to question 10



First name(s)

[illegible]

Last name

[illegible]

Previous last name (if applicable)

[illegible]

Date of birth

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

Current Address

[illegible]

The Commission needs to verify your identity to undertake criminal records checks and to confirm you are permitted to work in Cyprus.

I wish for my identity to be confirmed by a lawyer authorised to practice in Cyprus (please note certified copies (signed and dated) **must be provided** with application).



I wish for my identity to be confirmed by the Commission (original Identity documents **must** be submitted with the application. Please note, all documents will be returned by the same method as originally posted).



Please refer to the guidance notes for a list of acceptable identification documents. Your application will be delayed if you submit identification documents which do not meet the requirements.

Please note you MUST list THREE identification documents below.

By signing this application

I have made all necessary enquiries and I can confirm that the applicant has permission to work in Cyprus.

I certify that I have witnessed and retained copies of evidence relied upon to verify the identity of the person named in this application form.

I have seen the following original documents as valid evidence of identity of the applicant. I have made colour copies of the same and certified on the documents that the copies are true copies of the originals and that the image of the applicant in any passport or other acceptable photo identification is a true likeness of the individual for provision with the application.

a. Document seen

[illegible]

Document reference number

[illegible]

Document date of issue

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

b. Document seen

[illegible]

Document reference number

[illegible]

Document date of issue

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

c. Document seen

[illegible]

Document reference number

[illegible]

Document date of issue

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

[illegible][illegible][illegible]

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

Cyprus Integrated Casino Resort operator declaration (please sign either declaration 11a or 11b as appropriate)

11a. Please read and sign the declaration below to confirm that the applicant (a) is employed/has an offer of employment and (b) references for this applicant have been taken up.

I confirm that I have undertaken all reasonable enquiries and I am satisfied as to the applicant's integrity and suitability (which may include an assessment of their potential professional competence once trained) to undertake duties as an employee.

I have no information or any reason to believe why the Commission should not grant a licence to this applicant and will immediately notify the Commission if this ceases to be the case.

D	D	M	M	Y	Y	Y	Y
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[illegible][illegible][illegible]

11b. Please read and sign the declaration below to confirm that the applicant (a) is employed/has an offer of employment and (b) that references for this applicant have not at the time of application been taken up.

I confirm that:

I have undertaken all reasonable enquiries and I am satisfied as to the applicant's integrity and suitability (which may include an assessment of their potential professional competence once trained) to undertake duties as an employee.

I am in the process of taking up the applicant's references and will provide confirmation that references do not raise concerns as to the applicant's integrity and suitability and have not resulted in employment or the offer of employment being terminated (Please note that consideration of references must be completed with three months).

I have no information or reason to believe why the Commission should not grant a licence at this time, and will immediately notify the Commission if this ceases to be the case.

Signed

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Date

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

First name(s)

[illegible]

Last Name

Position in organisation

[illegible]

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"/>

Section 8 – Licence Details

14. Do you currently hold, or have any applications pending for or have you previously held any gambling related licences, permits or authorisations?



Name in which the licence or permit is, was, or will be held

[illegible]

Name of issuing body

[illegible]

Type of licence held

[illegible]

Licence number

[illegible]

Country of issue

[illegible]

Date application was made

Date licence was issued

Date licence ended

D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y
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Reason why licence or permit is no longer held if applicable

15. Have you had any disciplinary action taken against you in the last 10 years in respect of the licence detailed in response to question 14?



Date of action

D	D	M	M	Y	Y	Y	Y
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Disqualified



Suspended



Conditions/restrictions attached



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

[illegible][illegible][illegible][illegible][illegible]

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

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

All current (i.e. unspent) convictions must be declared. All convictions for felony (serious) offences (see Guidance Notes) which occurred within the past ten year period must also be declared. You are also required to declare any current criminal prosecutions or pending charges for a felony in the past ten year period. The declarations apply to any jurisdiction.

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



D	D	M	M	Y	Y	Y	Y
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[illegible][illegible]

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



D	D	M	M	Y	Y	Y	Y
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[illegible]

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
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Name of body taking legal action

[illegible]

Nature of civil legal action

Original amount at date of action (if applicable)

€								
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Amount outstanding (if applicable)

€								
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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
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Name of investigating body

[illegible]

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.

Yes – please complete the following details ☒ No - please continue to question 23 ☐

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

D	D	M	M	Y	Y	Y	Y
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[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Section 10. Financial Information

23. Have you been declared bankrupt/sequestrated or entered into an agreement with creditors or an Individual Voluntary Agreement/Protected Trust Deed in the past ten years, or have you previously been declared bankrupt, sequestrated, etc. and have a current payment plan still in place?

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



No – please continue to question 24



Please note, you are required to provide copies of all documents relating to your bankruptcy, Individual Voluntary Agreement, etc. in addition to completing the details below (see Guidance Notes).

Date of action/agreement

D	D	M	M	Y	Y	Y	Y
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Date of discharge (if applicable)

D	D	M	M	Y	Y	Y	Y
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Name of body/court taking action

[illegible]

Type of action e.g. bankruptcy, sequestration, IVA, etc.

[illegible]

Original amount at date of action (if applicable)

€									
---	--	--	--	--	--	--	--	--	--

Amount outstanding (if applicable)

[illegible]

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

For Casino Key Employee applicants ONLY (see Guidance Notes)

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	€
Total	

Statement of liabilities	€
Total	

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.

For Casino Key Employee applicants ONLY (see Guidance Notes)

26. In order to assess the financial aspect of your application the Commission requires the following information. Please refer to the Guidance Notes for further details.

- Credit reports obtained within the last sixty days.
- if you are providing funding for the operator then original bank statements for the past three months for all bank accounts held by you, the applicant. The statement should cover **all** accounts which are relevant to the funding.

Please note, the Commission may request additional financial information.

Section 11. Competencies

27. Please provide details of your current job role, or prospective job role if you have been offered a position.

Job title

[illegible]

Role and responsibilities

Date from

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

28. Please provide your employment history for the last 10 years, or since the age of 16 if you are 26 or under, excluding the role you have detailed in response to question 27. Please provide the information in chronological order and ensure you leave no gaps within the timeline. Please refer to the Guidance Notes for further details.

In addition to providing your employment history below you are required to provide a copy of your current curriculum vitae (CV) or résumé. Please refer to the Guidance Notes for further details.

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
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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
<p> <input type="checkbox"/> </p>

Qualifications, 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

[illegible]

Membership number

[illegible]

Date from

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

Date to

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

31. Have you had any action taken against you in the last ten years by the professional body detailed in response to question 30?

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



No – please continue to question 32



Date of action

D	D	M	M	Y	Y	Y	Y
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Type of action

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

32. Have you ever had any gambling related licences, permits, or authorisation, or any OTHER type of licence, approval, authorisation or registration application connected with your employment refused (excluding driving licence)?

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



No – please continue to question 33



Please provide details of the application, the jurisdiction/regulator, reason for refusal and any additional information below. Please use a continuation sheet if necessary.

33. Have you ever been disqualified from acting as a company director?

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



No - please continue to question 34



Date of disqualification

D	D	M	M	Y	Y	Y	Y
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Registration number of company

[illegible]

Company name

[illegible]

Country of disqualification

[illegible]

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 13. Declaration

- a) I certify that all the statements contained in, and attached to, this application form are correct and complete in every respect and that I have attached the Photograph Identification Form and photograph/JPEG image.
- b) I understand that the Commission may conduct a criminal records check. I confirm that the information that I have provided in support of this criminal records check is complete and true and I understand that to knowingly make a false statement for this purpose is a criminal offence.
- c) I understand that the Commission may request a credit reference check and ask third parties for information of direct relevance to this application as necessary, including from appropriate authorities overseas. I give my consent to these checks being made.
- d) I understand that the Commission may require confirmation or further information from third parties in respect of any evidence or documentation I have provided in support of this application. I agree to grant authorisation for the Commission to request and receive information about me from those third parties.
- e) I understand that the Commission may charge an hourly investigation fee for applications, which in the Commission's sole discretion, require more extensive investigation.
- f) I understand that any misrepresentation or failure to reveal information or grant any authorisation requested may be deemed to be sufficient cause for the refusal or revocation of a licence.
- g) I understand that should the information provided in relation to this application form cease to be correct, or if there are any changes in the information provided between the date the application was submitted and the date it is determined, it is my responsibility to advise the Commission immediately. Failure to do so could result in any licence subsequently issued being reviewed and possibly revoked.
- h) Should I hold a licence in any other jurisdiction and any investigation or regulatory action has commenced then this will be considered as part of the overall application assessment. It is my responsibility to advise the Commission immediately of any commencement of any action.
- i) I agree to comply with the licensing objectives, namely to keep gambling crime free, to ensure that it is fair and open and to protect children and vulnerable people from being harmed or exploited by gambling.
- j) I agree to provide authority for the Commission to obtain bank references.
- k) I certify that all documentation provided is either original or a true copy.
- l) I agree to notify the Commission should any of the information given in this application change.

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

First name(s)

[illegible]

Last name

[illegible]

Signed

Date _____

D	D	M	M	Y	Y	Y	Y
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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 type="checkbox"/>
Investigation fee (if required)	<input type="checkbox"/>
Personal identification documents or certified photocopies	<input type="checkbox"/>
Confirmation from the police dated within sixty days of the application of the applicant's criminal record.	<input 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 type="checkbox"/>
Copies of any gambling related licences, permits, or authorisations held by the applicant within any jurisdiction	<input 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 type="checkbox"/>
Copy of current curriculum vitae or résumé	<input type="checkbox"/>
Original bank statements if applicable	<input type="checkbox"/>
Credit reports (casino key employees only)	<input type="checkbox"/>
Passport sized photograph	<input type="checkbox"/>
Authorisation for Release of Information form	<input type="checkbox"/>
Continuation sheet(s) (if required)	<input 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 Cyprus 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 to 2021 and the licence terms and conditions contained in licences issued by the Commission. Your Personal Data are retained by the Cyprus Gaming and Casino Supervision Commission for as long as it is required by the law. The appropriate organizational and technical measures are taken to protect your Personal Data. You may exercise the rights of information, access, correction, deletion, restriction of processing, objection and portability, by physical mail at 3, Thaleias Str., 1st floor, 3011 Limassol, Cyprus or by sending an E-mail to dpo@cgsc.org.cy or by phone: +35725573827. You have the right to submit a Complaint to the Personal Data Protection Commissioner Iasonos 1, 1082 Nicosia, Cyprus, Postal address P.O. Box 23378, 1682 Nicosia, Cyprus, Tel: +357 22818456, Fax: +357 22304565. For more information visit the Commissioner's website: <http://www.dataprotection.gov.cy>.

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: