

# 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 Resort (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's Details
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Please provide the name of the Applicant who is applying for the licence.

Gaming Supplier's 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 diffe	erent from ab	oove)													
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Section 2. Licence a	ctivities														
Question 2. Please indicate all the	activities th	at you a	re app	ying f	or in	res	spec	t of	this	арр	lica	tion			
Gaming machine and s manufacture	oftware	X		G	amin	ıg m	nach	ine	sup	olier			X		
Software supplier		<b>&gt;</b>		C	Gamir	ng T	Γest	Serv	vices	5			X		
Please note if you are a and subm Annex A (ple				g Test	t Serv	vice	s yo	u w	ill al	so n	eed	to c	omp	olete	è
Question 3.  Will the Applicant be p services to the ICR ope services may be required.  Yes - please provide by details below.  Nature of services provides.	erator? Pleas red to obtain rief	e note t	hat em o emp	ploye	es of	f the	е Ар	plic	ant v	who	pro	vide		h ]	
Question 4.  Please provide the folloabout this application. a lawyer. Please note tissued to this person.	owing detail This can be	an emp	loyee (	of the	appl	ican	nt or	oth	er r	epre	sent	tativ	e su	i <mark>ch</mark> a	ith IS
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Please note copies of the Certificate of incorporation, Constitution Articles of Association, Partnership agreement as applicable must	
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 natchanges).	mes, aliases and company name
	ontinue to question 7
(use a continuation sheet if necessary)	_
necessary	
6a Previous name	
From DD/MM/YYY To DD/M	MM/YYYY
Ch Provious rome	
6b Previous name	
From DD/MM/YYY To DD/M	MM/YYYY
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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 no provide a copy of the current corporate family tree showing the	
relationships of ALL related companies.	ie corporate structure and
7a Name of company	
Place of incorporation	
Country of incorporation	

Business	egistrati	on/inco	orporat	ion r	numb	er									 		
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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
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
Description of former business
Reason for cessation
8c Name of company
C Name of Company
Start date of business DD/MM/YYYY End date of business DD/MM/YYYY
Description of former business

Reason fo	r ces	sati	on																			
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# 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

# 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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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

# **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 licensee's 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	X
(use a continuation sheet if		
necessary and provide a full copy of sucl	n licence(s) or approval(s) with this application).	

Name of issuing body

Type of licence held

Licence number

Country

Date licence was iss	sued DD/MM/YYYY			
Brief description of	activities authorised	d by licence or approval		
Question 14				
	d in response to qu	ry action taken against uestion 13? Please incl		
Yes - please provide (use a continuation necessary)		No - please contir	nue to question 15	$\boxtimes$
Date of action				
Details of action				
Disqualified	X	Cancelled	Warning	X
Suspended		Revoked	Conditions/ Restrictions Attached	
Reviewed	X	Other (please specify below	Fine w)	X
		nces surrounding the dis Please use a continuatio		ing the outcome
currently hold any	gambling related	y other associated enti licences, permits or ap ces, permits or approv	provals, or have any a	pplications
need to repeat the	information here I	ered Question 13 in re but you should provide I those included in que	e details of licences in	
		ociated entities, curren ces or permits in any j		lications
Yes - please provid- (use a continuation necessary and prov	sheet if	No- please continu		X

Name of issuing body  Type of licence, permit, approval held/applied for  Licence number  Country	
Type of licence, permit, approval held/applied for  Licence number	
Licence number	
Licence number	
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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 per	
disciplinary action.	namg
disciplinary decision	
Yes – please provide details below No - please continue to question 17	
(use a continuation sheet if	
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# Section 6. Criminality and Investigations

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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)  Applicant or full name of individual									
Applicant or full name of indiv	idual								
Date DD/MM/YYYY									
Details of Offence									
Director's Liability	Corruption	X	Companies Act	X					
Insolvency Offences	Fraudulent Trading	X	Restraint, confiscation orders, asset recovery	X					
Regulatory Offences	False Accounting	X	Felony offences	X					
Financial Services and Market Act Offences	Corporate Manslaughter	X	Other (please specify below)	X					
Please provide full details of to of any penalties issued and the Felony offences ensure you sp trial on/or under investigation	e location of the convi ecify which offence wa	cting c	ourt and country). If you bubject of the conviction/	nave crossed					
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# 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 - p	lease continue to quest	ion 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 circum the outcome). If investigation is still cu officer if known.	nstances surr urrent or pend	ounding the investigation	on below (including ne of investigating
18b. Date DD/MM/YYYY			
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Name of Investigating Body			
Country			

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
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(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)
necessary)
necessary)
necessary)  19a First name(s)

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Da	e Firs	st n	th ame	e(s)													Equi					

# Question 20.

10h Finet -----(-)

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

_			2.0		22	
( )	114	20	tı	On	22.	
v	u	=	u	$\mathbf{v}_{\mathbf{i}\mathbf{i}}$	~~.	

		d companies				
 	 		P	,	 	

X

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

No - please continue to question 23



22	a. Na	ame	of c	omp	any	,													
Name of Securities Exchange																			
Country																			
22	22b Name of company																		
Name of Securities Exchange																			
Country																			

)						0	
O	u	es	tı	0	n	23	

Please provide details of all bank and financial institution accounts that have been 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

$\sim$		2.0		~ 4
( )11	$\Delta c$	t I	nη	24.
Qu	CJ	u	$\mathbf{v}_{11}$	<u> </u>

Does the Applicant have any curren	t loans or has	s obtained loa	ns from indivi	duals, 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

٠.	
-1	

24	24a Name of lender																		
Address of lender																			
Da	Date of loan from Date to																		

Loan Amount

	Currency	Amount						
ĺ								

Purpose of Ioan. Please provide details - also incoutstanding.	dicate of applicable how much of the loan is
outstanding.	
24b Name of lender	
Address of lender	
Date of loan from Date to	
Loan Amount	Τ
Currency	Amount
Purpose of Ioan. Please provide details - also inc	dicate of applicable how much of the loan is
outstanding.	reacte of applicable from mach of the four is
24c Name of lender	
Address of lender	
Date of loan from Date to	
Loan Amount	
Loan Amount Currency	Amount
	Amount

Purpose of loan outstanding.	ı. Please provide	details – also ind	dicate of app	olicable how n	nuch of the loan is							
Question 25.												
					bsidiary maintained any books or records?							
	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)												
Name of	Name of bank	Place of bank	Account	Account	Details							
Company		and country	number	type								
Question 26.	1											
During the past	ten years has thaccount or any a				bsidiary maintained							
,												
Yes - please pro (use a continua necessary)	ovide details belo tion sheet if	ow 🔀 No	– please co	ntinue to que	stion 27							
36												
Name of compa	ny		Name of	Nominee								
Name of bank			Place of b	ank and coun	try							
Account numbe	r		Account to	уре								

Details.															
26b															
Name of company	Name of Nominee														
Name of bank	Place of bank and country														
	Account type														
Account number	Account type														
Details.															
Details.															
Question 27.															
Has the Applicant or any related companies had a	any petition under any bankruptcy, receiversnip, nst it or sought relief under any bankruptcy or														
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 No - please continue to question 28															
(use continuation sheet if	please continue to question 28														
necessary)															
Company															
Case name or number/tracking number															
Date Petition filed or relief sought	Date Entered														
Name of court or agency															
The state of the s															
Full Address of Court or Agency (including count	ry)														

Nature of judgement or relief - please provide details											
Question 28.											
Were 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	X									
Name of Company or Individual Deta	ails	Date									
Question 29.											
Is there anything else that the Commission c	ould reasonably expect you to infor	m us of or									
anything else you would like to add in suppo below:											

# **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.

<u>a)</u>	a) First name (s)																						
La	Last name																						
				l			1		1		1	1	1		1								
Po	Position in organisation																						
Signed Date DD/MM/YYYY																							
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b)	Firs	t na	me (	s)																			
La	st n	ame																					
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Sig	gned	l														Date	DD	/MN	1/Y)	YYY			
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# **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 Services Providers only)

Continuation sheets - please indicate number included

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@cgc.org.cy or by phone: +35725573827. You have the right to submit a Complaint to the Personal Data Protection Commissioner lasonos 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.