



ALDERNEY  
GAMBLING CONTROL COMMISSION

APPLICATION FORM FOR

**KEY INDIVIDUAL CERTIFICATE**

IN RESPECT OF

[INSERT NAME OF APPLICANT BELOW]

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NOTES TO APPLICANTS

1. The principal purpose of seeking the information required by this application form is to provide the Commission with information which will allow it to:
  - make preliminary investigations in order to ascertain the full scope of its investigations; and
  - identify where further information will need to be requested and/or required.
2. The information provided must be accurate and truthful. It is a criminal offence to obtain a certificate by false statement, declaration or information. If any details set out on this application form change prior to the determination of the application, you must notify the Commission in writing as soon as reasonably practicable. [NB section 24(1) of the Alderney eGambling Ordinance, 2009 creates an offence of making a false declaration or statement or giving false information for the purposes of satisfying a requirement under the Alderney eGambling Regulations, 2009.]
3. Every question should be answered in full, using additional sheets or attachments as necessary. Where a section or question is not applicable, please use “N/A” or “NIL”.
4. Wherever possible, use BLOCK CAPITALS.
5. All dates should be in the form day / month / year.
6. This application form must be accompanied by:
  - (a) two copies of a recent passport-sized photograph; and
  - (b) a letter confirming that the applicant is indeed a key individual,
  - (c) the required investigation deposit of £1,000.

**SECTION 1: APPLICANT'S PERSONAL DETAILS**

NAME		
1A	Surname	
	First Name	
	Middle Name(s)	
	Alias(es), Nickname(s), Maiden Name, other name(s) by which you have been, or are, known	

ADDRESS(ES)		
1B	Present Residential Address:	
	Postcode:	
	Postal address ( <i>if different</i> ):	
	Contact details (telephone numbers, etc.):	
	Home:	Business:
	Mobile:	Other:
	Fax:	Email:

BIRTH DETAILS		
1C	Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
	Place of birth (town, county, country): ( <i>attach a copy of your birth certificate</i> )	

<b>OCCUPATION</b>	
1D	Occupation:
	Name of employer: Present business address:
	Please explain your role in the organisation and attach a job description

<b>NATIONALITY AND PASSPORT DETAILS</b>	
1E	What is your nationality/citizenship?
	Passport Number: <i>(attach a copy of the cover and personal identification pages of your passport(s))</i>
	Place and country of issue:
	Date of issue: <span style="float: right;">Date of expiry:</span>
	Have you ever been deported from any country? <i>(if YES, please explain the circumstances)</i> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>

**SECTION 2: APPLICANT'S HOUSEHOLD DETAILS**

<b>MARITAL INFORMATION</b>	
2A	<p>What is your marital status? <i>(please select)</i></p> <p>Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Co-habiting <input type="checkbox"/></p>
	Date and place of marriage/civil partnership:
	Full name of spouse/partner:
	Maiden name <i>(if applicable)</i> of spouse/partner:
	Date of birth of spouse/partner: Place of birth of spouse/partner:
	<p>If married, have you been married before? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please give details of any financial maintenance for previous spouse and/or any children.</p>

<b>SPOUSE/PARTNER DETAILS</b>	
2B	Spouse's/partner's residential address:
	Spouse's/partner's occupation:
	Spouse's/partner's employer & the nature of their business: <i>(include address)</i>

PREVIOUS SPOUSE/PARTNER DETAILS	
2C	Spouse's/partner's residential address:
	Spouse's/partner's occupation:
	Spouse's/partner's employer & the nature of their business (include address)

OTHER MEMBERS OF HOUSEHOLD				
2C	List all members of your household, eg, children, parents, siblings, etc. (show relationship of each to you)			
	Full Name	Date of birth	Relationship	Occupation
	(continue, as necessary)			

<b>PREVIOUS RESIDENCES</b>				
2D	<p>List <u>all</u> previous addresses at which you have been resident for 1 month or more during the preceding 10 years in reverse chronological order Please explain the background and reason(s) for any significant moves.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Dates</td> <td style="width: 40%; vertical-align: top;">Full address (including postcode)</td> <td style="width: 40%; vertical-align: top;">Type of occupation <i>(eg, owned, rented, etc.)</i></td> </tr> </table>	Dates	Full address (including postcode)	Type of occupation <i>(eg, owned, rented, etc.)</i>
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**SECTION 3: APPLICANT’S EDUCATION AND EMPLOYMENT**

<b>EDUCATION</b>	
3A	<p>Please give details of all secondary and further education, including establishments attended (with dates), subjects studied, courses followed and qualifications obtained.</p>
3B	<p>Professional Qualifications <i>(if any)</i>:</p> <p><i>(attach evidence of qualification(s))</i></p>

<b>PROPOSED ROLE IN eGAMBLING OPERATION</b>	
3C	Please give a full description of your actual/proposed role in the eGambling operation:
	Previous experience within the gambling industry: <i>(summarise skills developed and/or qualifications)</i>
	Previous experience with internet-related business(es)

<b>EMPLOYMENT HISTORY</b>	
3D	Please describe your career to date, including an explanation of your skills, experience and career development.



**EMPLOYMENT HISTORY**

3E	<p>Please list <u>all</u> previous employments held during the preceding 10 years in reverse chronological order, giving the following information. Please give full explanation for any gaps in employment of more than a month.</p> <p>Joining/leaving dates (month and year): -</p> <p>Name and address of employer:</p> <p>Nature of employer:</p> <p>Job title:</p> <p>Nature of the role and your part in the organisation:</p> <p>Reason for leaving:</p>
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3F	<p>Have you ever been dismissed, discharged or asked to resign from any employment? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>(if YES, supply date, employment in question and explain the circumstances)</i></p>
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3G	<p>Have you ever been a director of, or held an executive position with, any company that has either been in liquidation or receivership? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>(if YES, supply details of date, company involved and circumstances)</i></p>
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**SECTION 4: APPLICANT'S FINANCES**

<b>RECENT INCOME</b>											
4A	<p>Attach a summary of your gross income from all sources, for each of the preceding 5 years in the following format:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Year ended:</td> </tr> <tr> <td style="width: 70%;">Source <i>(give full details and addresses of sources)</i></td> <td style="width: 30%;">Amount</td> </tr> <tr> <td> </td> <td style="text-align: center;">£</td> </tr> <tr> <td>Click here to enter text.</td> <td style="text-align: center;">£</td> </tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: center;">£</td> </tr> </table> <p><i>(also attach a copy of your latest Tax return)</i> Please confirm your current salary:</p>	Year ended:		Source <i>(give full details and addresses of sources)</i>	Amount		£	Click here to enter text.	£	<b>TOTAL</b>	£
Year ended:											
Source <i>(give full details and addresses of sources)</i>	Amount										
	£										
Click here to enter text.	£										
<b>TOTAL</b>	£										

<b>BANKRUPTCY</b>	
4B	<p>Have you ever been bankrupt or had your affairs declared en désastre or taken advantage of any laws relating to personal insolvency? <i>(if YES, supply details of date and circumstances)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b>TRUSTS</b>	
4C	<p>Are you a settlor, beneficiary and/or trustee of any trust or settlement? <i>(if YES, supply full details of trust/ settlement concerned)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b>BANK ACCOUNTS</b>									
4D	<p>Attach a list of <u>all</u> your bank account details in the following format:</p> <table border="1" style="width: 100%;"> <tr> <td colspan="2">Name of institution:</td> </tr> <tr> <td style="width: 50%;">Type of account</td> <td style="width: 50%; text-align: center;">Amount</td> </tr> <tr> <td></td> <td style="text-align: center;">£</td> </tr> <tr> <td></td> <td style="text-align: center;">£</td> </tr> </table> <p>[NB <i>copy statements may be required by the Commission</i>]</p>	Name of institution:		Type of account	Amount		£		£
Name of institution:									
Type of account	Amount								
	£								
	£								

<b>INVESTMENTS</b>																																				
4E	<p>Attach a list of <u>all</u> your investments (eg, shares, bonds, debentures, notes, etc.) in the following format:</p> <table border="1" style="width: 100%;"> <tr> <td colspan="5">Name and address of entity:</td> </tr> <tr> <td colspan="5">Click here to enter text.</td> </tr> <tr> <td>Type</td> <td>Number</td> <td>Year acquired</td> <td>Acquisition cost</td> <td>Estimated value</td> </tr> <tr> <td>Type</td> <td>Number</td> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> <tr> <td>Type</td> <td>Number</td> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> <tr> <td>Type</td> <td>Number</td> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> <tr> <td>Type</td> <td>Number</td> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> </table>	Name and address of entity:					Click here to enter text.					Type	Number	Year acquired	Acquisition cost	Estimated value	Type	Number		£	£	Type	Number		£	£	Type	Number		£	£	Type	Number		£	£
Name and address of entity:																																				
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<b>CURRENT ASSETS</b>																	
4F	<p>Provide details of other current financial assets, eg, debts owed to you, pension scheme benefits, etc.:</p> <table style="width: 100%;"> <tr> <td style="width: 40%;"><u>Type</u></td> <td style="width: 60%; text-align: center;"><u>Value (£)</u></td> </tr> <tr> <td>Type</td> <td></td> </tr> <tr> <td>Type</td> <td></td> </tr> <tr> <td>Type</td> <td></td> </tr> <tr> <td>Type</td> <td></td> </tr> <tr> <td>Type</td> <td></td> </tr> <tr> <td>Type</td> <td></td> </tr> <tr> <td>Type</td> <td></td> </tr> </table>	<u>Type</u>	<u>Value (£)</u>	Type		Type		Type		Type		Type		Type		Type	
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PROPERTY				
4G	Attach a list of any property you own or in which you have an interest in the following format. For any property other than your main residence, please explain usage and any associated income.			
	Location and description	Year acquired	Acquisition cost	Estimated value
		Year	£ Value	£ Value
		Year	£ Value	£ Value
		Year	£ Value	£ Value
		Year	£ Value	£ Value

OTHER ASSETS				
4H	Attach a list of <u>all</u> your other assets (eg, motor vehicle(s), boat(s), furniture, jewellery, antiques, other valuable collections, etc.) in the following format:			
	Description	Year acquired	Acquisition cost	Estimated value
			£	£
			£	£
			£	£
			£	£

**MORTGAGES**

4I Attach details of all mortgages for which you are solely or jointly responsible in the following format:

Property address:

Amount of loan (£):

Amount outstanding (£):

Name of lender:

Names(s) of borrower(s):

Date of mortgage:

Monthly payment (£):

**LOANS AND LONG TERM LIABILITIES**

4J Attach details of all loans and other long term liabilities for which you are solely or jointly responsible in the following format:

Purpose of loan:

Amount of loan (£):

Amount outstanding (£):

Name of lender:

Name of borrower(s):

Date of loan:

Monthly payment (£):

**CREDIT CARDS, STORE CARDS, ETC.**

4K Attach details of all credit cards, store cards and other such outstanding liabilities at the date of your application in the following format:

Name of financial institution:

Amount outstanding:

Monthly payment

**OTHER LIABILITIES**

4L Provide details of other current liabilities or contingent liabilities (i.e., of an indefinite amount and/or unspecified amount for which you might in future become liable), indicating creditor, type and amount:

Creditor:

Explanation of nature of liability (including details of any security)

Date incurred:

Date of liability:

Amount:

## **SECTION 5: APPLICANT'S CHARACTER**

<b>CRIMINAL/DISCIPLINARY BEHAVIOUR</b>		
5A	Have you, your spouse/partner or a member of your household (as specified in this Application) ever been:	
	(a) investigated	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) arrested	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) charged	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(d) convicted in respect of a criminal offence (other than a minor motoring offence)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you aware that an investigation might be pending against you, your spouse/partner or a member of your household? (if you have answered YES to any of the above questions, provide a detailed explanation, setting out the nature of the investigation/offence in question, the date(s) and the outcome)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5B	Have you ever been disciplined in any way by a professional body for whatever reason? (if YES, provide details of date(s) and circumstances)	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>LITIGATION</b>		
5C	Have you ever been a party to any civil litigation or are you aware that any action might be pending against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has a judgment of any type (including a wage arrest/attachment) ever been entered against you? (if YES, provide full details of date(s), circumstances and outcome)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5D	Have you ever had any article repossessed by a finance company, etc. for any reason, eg, default in repayments? (if YES, provide full details of date, circumstances and reason)	Yes <input type="checkbox"/> No <input type="checkbox"/>



REGULATION OF GAMBLING ACTIVITY		
5E	<p>Have you or your spouse/partner ever applied to any authority anywhere in connection with any licence, certificate or permit, however described, in connection with a gambling activity?</p> <p><i>If YES, provide full details of date, authority and explain circumstances.</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<p>Have you or your spouse/partner ever been investigated or dealt with in respect of any disciplinary matter by a regulatory authority regulating a gambling activity or is any such matter pending?</p> <p><i>If YES, provide full details of date, nature of matter and outcome</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**CHARACTER REFERENCES**

5F	Provide details of 3 persons known to you for at least 5 years who can vouch for your character and who are not family members, fellow directors or employees:
	Name: Address:  Telephone: Email: Occupation: Years known:
	Name: Address:  Telephone: Email: Occupation: Years known:
	Name: Address:  Telephone: Email: Occupation: Years known:

## **AUTHORISATION FOR THE RELEASE OF INFORMATION**

By making this application for a key individual certificate under section 4 of the Alderney eGambling Ordinance, 2009, I acknowledge that I AM hereby AUTHORISING the Alderney Gambling Control Commission (“the Commission”) to conduct A FULL INVESTIGATION into my background, my financial affairs and my activities in accordance with regulations 141 to 145 of the Alderney eGambling Regulations, 2009, as from time to time in force.

In accordance with regulation 143 of the Alderney eGambling Regulations, 2009, THIS AUTHORISATION duly signed by me shall constitute my PRIOR PERMISSION for an officer or servant of the Commission to request you to provide such further information and/or documentation, including provision of paper and/or electronic copies to be taken away, as that officer or servant considers desirable to assist in the assessment of my application for a key individual certificate.

YOU ARE, therefore, hereby AUTHORISED TO RELEASE to any officer or servant of the Commission who so requests and confirms that my application for a key individual certificate remains pending ANY OR ALL INFORMATION you hold pertaining to me, whether documentary or otherwise and whether such information would otherwise be protected from disclosure by any statutory, customary or common law privilege.

I further authorise an officer or servant of the Commission to photocopy the original of this authorisation for the purpose of providing to a person requested to release information and/or documentation a copy thereof, or of transmitting to the person a facsimile thereof, provided that the photocopy is uniquely numbered and identifies the person to whom it has been provided or transmitted and a duplicate thereof is retained by the Commission.

Full name:	Home address:
Signature:	Date:

### **FOR OFFICIAL USE ONLY**

Photocopy No:	Recipient:
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**DECLARATION**

I declare that the information contained in this application is true and accurate to the best of my knowledge, information and belief and that, if any of the information contained in or appended to this application is discovered to be false, I may be liable to prosecution.

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

Name (*print*): \_\_\_\_\_

Date: \_\_\_\_\_

The original completed application form and any attachments should be bound as a single document and delivered to:

Director  
Alderney Gambling Control Commission  
St. Anne's House  
Queen Elizabeth II Street  
ALDERNEY  
GY9 3TB  
via United Kingdom.