

Section 2. (continued)

Town/city

Postcode

Country

Contact number (inc. area code)

Alternative contact number (inc. area code)

Email address (please refer to Guidance Notes)

As part of the Commission's commitment to providing a cost effective service we will issue all licences and correspondence relating to this change electronically. Please cross the box if you DO NOT wish us to communicate with you in this way.

Section 3. Type of Change

4. Please cross the box(es) to indicate the type of change(s) that are being applied for in this application form (see Guidance Notes).

	Question		Question	
Change of contact details	5	<input checked="" type="checkbox"/>	Removal of shareholder (to below 3% equity)	9 <input checked="" type="checkbox"/>
Change of registered address	6	<input checked="" type="checkbox"/>	Change of name of Annex A holder	10 <input checked="" type="checkbox"/>
Addition of premises	7	<input checked="" type="checkbox"/>	Notification of conviction against operator	11 <input checked="" type="checkbox"/>
Removal of premises	7	<input checked="" type="checkbox"/>	Notification of conviction against key personnel	11 <input checked="" type="checkbox"/>
Amendment of premises	7	<input checked="" type="checkbox"/>	Addition of equipment or service supplier	12 <input checked="" type="checkbox"/>
Addition of key personnel	8	<input checked="" type="checkbox"/>	Removal of equipment or service supplier	12 <input checked="" type="checkbox"/>
Removal of key personnel	8	<input checked="" type="checkbox"/>	Addition of third party white label	13 <input checked="" type="checkbox"/>
Addition of shareholder (with 3% to 9.99% equity)	9	<input checked="" type="checkbox"/>	Removal of third party white label	13 <input checked="" type="checkbox"/>

Section 4. General Changes

5. If you wish to change the details of your designated contact, please provide the new details below.

Title

First name(s)

Surname

Position

Property number

Property name

Street

Town/city

Postcode

Country

Contact number (inc. area code)

Alternative contact number (inc. area code)

Email address (please refer to Guidance Notes)

@

As part of the Commission's commitment to providing a cost effective service we will issue all licences and correspondence electronically. Please cross the box if you DO NOT wish us to communicate with you in this way.

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Section 4. (continued)

6. If you are changing your registered address, please provide the new details below.

Property number	Property name
<input type="text"/>	<input type="text"/>
Street	
<input type="text"/>	
Town/city	
<input type="text"/>	
Postcode	Country
<input type="text"/>	<input type="text"/>
Date address changed	
<input type="text"/>	

Section 5. Addition, Removal or Amendment of Premises

7. If you wish to add, remove or amend premises which are used to operate or deliver gambling services, please provide details below.

7a. Add Remove Amend

Business name(s) displayed at premises if different from the operator name

<input type="text"/>	
Property number	Property name
<input type="text"/>	<input type="text"/>
Street	
<input type="text"/>	
Town/city	
<input type="text"/>	
Postcode	Country
<input type="text"/>	<input type="text"/>

Premises licence applied for? Yes No

Please indicate the type of activity undertaken at these premises

Administration	<input checked="" type="checkbox"/>	Pool betting	<input checked="" type="checkbox"/>	Adult gaming centre	<input checked="" type="checkbox"/>
Casino (indicate size L, S, E)	<input type="checkbox"/>	Machine technical	<input checked="" type="checkbox"/>	Lottery manager	<input checked="" type="checkbox"/>
Bingo	<input checked="" type="checkbox"/>	Gambling software	<input checked="" type="checkbox"/>	Family entertainment centre	<input checked="" type="checkbox"/>
Betting shop	<input checked="" type="checkbox"/>	Betting intermediary	<input checked="" type="checkbox"/>	Society lottery	<input checked="" type="checkbox"/>

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Section 6. Addition or Removal of Key Personnel

8. If you wish to add or remove a key person associated with your operating licence, please complete their details below. (If adding a key person, an Annex A or PML application may be required, see Guidance Notes.)

8a. Add Remove

First name(s)

Surname

Date of birth

Does this individual hold or have they submitted an Annex A or PML application?

Annex A PML

Role

Overall strategy and delivery of gambling <input checked="" type="checkbox"/>	Financial planning, control and budgeting <input checked="" type="checkbox"/>	Regulatory compliance <input checked="" type="checkbox"/>
Marketing and commercial development <input checked="" type="checkbox"/>	Gambling related IT provision and security <input checked="" type="checkbox"/>	

8b. Add Remove

First name(s)

Surname

Date of birth

Does this individual hold or have they submitted an Annex A or PML application?

Annex A PML

Role

Overall strategy and delivery of gambling <input checked="" type="checkbox"/>	Financial planning, control and budgeting <input checked="" type="checkbox"/>	Regulatory compliance <input checked="" type="checkbox"/>
Marketing and commercial development <input checked="" type="checkbox"/>	Gambling related IT provision and security <input checked="" type="checkbox"/>	

8c. Add Remove

First name(s)

Surname

Date of birth

Does this individual hold or have they submitted an Annex A or PML application?

Annex A PML

Role

Overall strategy and delivery of gambling <input checked="" type="checkbox"/>	Financial planning, control and budgeting <input checked="" type="checkbox"/>	Regulatory compliance <input checked="" type="checkbox"/>
Marketing and commercial development <input checked="" type="checkbox"/>	Gambling related IT provision and security <input checked="" type="checkbox"/>	

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Section 6. (continued)

9. If you wish to notify us of a shareholder who currently holds below 3% equity but will increase their shareholding to between 3% and 10%, or a shareholder who currently holds above 3% equity but will reduce their shareholding to below 3% please complete the details below. If a shareholder increases their shareholding to above 10%, an application for a Change in Corporate Control must be made (see Guidance Notes).

9a. Increase in shareholding to 3% or above but below 10%

Reduction in shareholding to below 3%

First name(s)

Surname

Date of birth

Equity

%

9b. Increase in shareholding to 3% or above but below 10%

Reduction in shareholding to below 3%

First name(s)

Surname

Date of birth

Equity

%

9c. Increase in shareholding to 3% or above but below 10%

Reduction in shareholding to below 3%

First name(s)

Surname

Date of birth

Equity

%

9d. Increase in shareholding to 3% or above but below 10%

Reduction in shareholding to below 3%

First name(s)

Surname

Date of birth

Equity

%

continues on next page

Section 8. Changes to Key Equipment, Suppliers and White Labels

12. If you wish to change the supplier or provider of a piece of key equipment, please provide details below.

12a. Add supplier Remove supplier Effective date

	Main	Disaster Recovery		Main	Disaster Recovery
Virtual Event and Game Pages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Random Number Generator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Virtual Event Controller	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gambling Transaction Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Settling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Virtual Event State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Who operates this equipment? Self Other - please specify below

Who provides this equipment? Self Other - please specify below

12b. Add supplier Remove supplier Effective date

	Main	Disaster Recovery		Main	Disaster Recovery
Virtual Event and Game Pages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Random Number Generator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Virtual Event Controller	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gambling Transaction Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Settling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Virtual Event State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Who operates this equipment? Self Other - please specify below

Who provides this equipment? Self Other - please specify below

13. If you wish to add or remove any domain names from which gambling services are delivered or for whom you provide white label services, or if you have previously notified us of a domain name which has changed status between active and inactive, please provide details below.

13a. Domain name Active Inactive White label Effective date

13b. Domain name Active Inactive White label Effective date

13c. Domain name Active Inactive White label Effective date

Section 10. Enclosures

Please cross the box to confirm that the required enclosures have been attached:

The appropriate fee if applicable (non-refundable)



Annex A or Personal Management Licence application form (as applicable) for all required individuals



Personal identification documents for any associated Annex A or PML applications



Completed CRB or Disclosure Scotland application form or overseas police report for relevant personnel



Your existing Operating Licence (if applicable)



Documentation confirming change of name or address (where applicable)



Additional policy information where applicable (see Guidance Notes)



Additional financial information where applicable



Continuation sheet(s) if required



Note: 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 to the Commission at the time which may affect the decision on whether a licence can be granted.

Section 11. Payment Calculation

14. Payment Calculation Summary (please see fees calculator at www.gamblingcommission.gov.uk to calculate your fee).

Operating Licence fees due

£ .

PML fees due

£ .

Total

£ .

The Gambling Commission regulates gambling in the public interest. It does so by keeping crime out of gambling, by ensuring that gambling is conducted fairly and openly, and by protecting children and vulnerable people from being harmed or exploited by gambling. The Commission also provides independent advice to government on gambling in Britain.

For further information or to register your interest in the Commission please visit our website at www.gamblingcommission.gov.uk.

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