

Operating Licence Application Form

Annex A Personal Declaration

To be completed by:

- any individual occupying one or more of the qualifying positions when seeking Small Scale Operator exemption (see Guidance Notes);
- any individual either directly or indirectly owning 10% or more equity in the applicant; or
- any other individual as requested by the Gambling Commission.
- Please read the **Operating Licence Application Form Guidance Notes** before completing this declaration.
- This personal declaration must be returned with supporting documentation and where appropriate any relevant application forms. If supporting documentation is missing or is not provided on 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.** If you misrepresent, or fail to reveal, information that you are asked to provide, you may have committed an offence under Section 342 of the Gambling Act 2005.
- If there are **any** changes to your circumstances or **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.
- This form will be scanned therefore please complete all relevant sections in **BLACK INK**, write clearly within the boxes and use **CAPITAL LETTERS**, except when signing or providing an email address.
- 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.

Name of operator this declaration is linked to (the company, individual or other entity that will be the licence holder). If the operator is a partnership, the name of each individual partner must be listed.

Licence number or case ID number (if applicable)

If associated with more than one operator, please specify which operator and the case ID number where known.

Section 1. Personal Details

1. Name of applicant. Please note that all future correspondence relating to this declaration will be directed to the contact provided on the Operating Licence Application Form and **not the address provided below.**

Title

First name(s)

Surname

continues on next page

Section 1. (continued)

Home address

Property number

Property name

Street

Town/city

Postcode

Country

Occupancy status

At current address since

Home phone number (inc. area code)

Alternative number (inc. area code)

Email address

@

2. Identity details

Male

Female

Date of birth

National Insurance or Identity Number

Nationality

Driving licence number

Date of issue

Country of issue

Passport number

Date of issue

Country of issue

Mothers maiden (or family) name

continues on next page

Section 1. (continued)

3. Please provide details of your place of birth below

Town/city

County/district

Country

Nationality at birth

4. Have you ever been known by another name (including name changes and previous names)?

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

No – please continue to question 5

Name in full

Date from

Date to

5. Have you lived at any addresses other than that detailed on page 2 in the last five years?

Yes – please provide details below in chronological
order (use a continuation sheet if necessary)

No – please continue to question 6

5a. Date from

Date to

Property number

Property name

Street

Town/city

Postcode

Country

5b. Date from

Date to

Property number

Property name

Street

Town/city

Postcode

Country

continues on next page

Section 1. (continued)

6. Do you have a spouse or civil partner?

Yes - please provide details below

No - please continue to question 7

First name(s)

Surname

Date of birth

Previous surname

Current address

Section 2. Qualifying Position

7. Please indicate the sector(s) you will be working in

Sector	Non-Remote			Remote			
	Non-Remote	Remote	Both	Non-Remote	Remote	Both	
Casino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gambling software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lotteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Betting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult gaming centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family entertainment centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please cross the boxes below to indicate all functions that you perform within the organisation/business

Role

Overall strategy and delivery of gambling	<input type="checkbox"/>	Financial planning, control and budgeting	<input type="checkbox"/>	Regulatory compliance	<input type="checkbox"/>
Marketing and commercial development	<input type="checkbox"/>	Gambling related IT provision and security	<input type="checkbox"/>	On-course representative (General betting (limited) only)	<input type="checkbox"/>
Shareholder (please state equity percentage)	<input type="checkbox"/>	Equity	<input type="text"/> %		

Section 3. Criminality and Investigations

All current (ie. unspent) convictions must be declared. In the case of convictions for relevant offences, previous convictions (ie. spent) must also be declared. Section 4 of the Rehabilitation of Offenders Act 1974 does not apply to a Gambling Commission licence application.

9. Have you ever been convicted of an offence or accepted a formal police reprimand, warning or caution in Great Britain or abroad including if charged with an offence but awaiting trial, or under investigation?

Yes – please provide details below No – please continue to question 10

9a. Date of action

Offence

Penalty

Court/location

Other details (including reference number)

9b. Date of action

Offence

Penalty

Court/location

Other details (including reference number)

continues on next page

Section 3. (continued)

10. Have you ever had any civil legal action taken against you in Great Britain (including County Court Judgements)?

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

No - please continue to question 11

10a. Date of action

Nature of civil legal action

Court/location

Outcome

Other details

10b. Date of action

Nature of civil legal action

Court/location

Outcome

Other details

continues on next page

Section 3. (continued)

11. Are you subject to any current, pending or previous investigation by any statutory, regulatory or governing body in Great Britain (eg. Financial Services Authority, Her Majesty's Revenue and Customs, Horseracing Regulatory Authority) in respect of any licence, certificate or permit held?

Yes – Please provide details below
(use a continuation sheet if necessary)

No – please continue to question 12

11a. Date

Name of investigating body

Type of licence held

Reference number

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

11b. Date

Name of investigating body

Type of licence held

Reference number

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

continues on next page

Section 3. (continued)

12. Do you currently hold or have you previously held any gambling related licences or permits abroad?

Yes – Please provide details below
(use a continuation sheet if necessary)

No – please continue to question 13

12a. Name in which licence or permit is held

Name of issuing body

Type of licence held

Licence number

Country

Have you been subject to any current, pending or previous investigation by any statutory, regulatory, government or governing bodies in respect of this licence?

Yes – Please provide details below
(use a continuation sheet if necessary)

No – please continue to question 13

Date

Name of investigating body

Type of licence held

Reference number

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

continues on next page

Section 3. (continued)

12b. Name in which licence or permit is held

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Name of issuing body

--	--

Type of licence held

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Licence number

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Country

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Have you been subject to any current, pending or previous investigation by any statutory, regulatory, government or governing bodies in respect of this licence?

Yes – Please provide details below
(use a continuation sheet if necessary)

No – please continue to question 13

Date

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Name of investigating body

--	--

Type of licence held

--	--

Reference number

--	--

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

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continues on next page

Section 3. (continued)

13. Have you ever had a gambling licence refused, suspended, cancelled or revoked either in Great Britain or abroad?

Yes – Please provide details below
(use a continuation sheet if necessary)

No – please continue to question 14

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

Yes – Please provide details below
(use a continuation sheet if necessary)

No – please continue to question 15

Date

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Company name

--	--

Registration number

--	--

Reason for disqualification.

Please use a continuation sheet if necessary.

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Section 4. Competencies

15. Please provide details of your employment history within the last 10 years in chronological order, indicating whether this employment was in the gambling industry. If self employed, please state the nature of your employment (use a continuation sheet if necessary).

a. Date from

Date to

15a. Employer name/details

Job title, main responsibilities and reason for leaving

Gambling industry?

Yes

No

a. Date from

Date to

15b. Employer name/details

Job title, main responsibilities and reason for leaving

Gambling industry?

Yes

No

a. Date from

Date to

15c. Employer name/details

Job title, main responsibilities and reason for leaving

Gambling industry?

Yes

No

a. Date from

Date to

15d. Employer name/details

Job title, main responsibilities and reason for leaving

Gambling industry?

Yes

No

continues on next page

Section 4. (continued)

16. Have you received any formal training relevant to the licensing objectives (include any formal training due to be undertaken in the next three months)? Detail any academic or formal gambling-related training (either as part of an employer's training programme or with an education provider, such as a college or university) below (use a continuation sheet if necessary).

Yes – please provide details below

No – please continue to question 17

16a. Professional body / training provider

Date from

Date to

Qualification/training received

16b. Professional body/training provider

Date from

Date to

Qualification/training received

16c. Professional body/training provider

Date from

Date to

Qualification/training received

16d. Professional body/training provider

Date from

Date to

Qualification/training received

Section 5. Referees

17. Please provide details of your first referee below (see Guidance Notes for referee requirements).

17a. Title

First name(s)

Surname

Relationship to you (eg. friend, work colleague, neighbour)

Number of years known

Occupation

Property number

Property name

Street

Town/city

Postcode

Country

Home/personal number (inc. area code)

Daytime phone number (inc. area code)

Email address

continues on next page

Section 5. (continued)

Please provide details of your second referee below (see Guidance Notes for referee requirements).

17b. Title

First name(s)

Surname

Relationship to you (eg. friend, work colleague, neighbour)

Number of years known

Occupation

Property number

Property name

Street

Town/city

Postcode

Country

Home/personal number (inc. area code)

Daytime phone number (inc. area code)

Email address

Section 6. Financial Information

18. Have you ever been declared bankrupt or entered into an agreement with creditors or an Individual Voluntary Agreement under the Insolvency Rules 1986 or under the Bankruptcy (Scotland) Act 1985?

Yes – please provide details below

No – please continue to question 19

Please give full details including circumstances, date of action/agreement and date of discharge (use a continuation sheet if necessary)

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19. Have you ever been declared bankrupt or entered into an agreement with creditors or an Individual Voluntary Agreement outside of Great Britain?

Yes – please provide details below

No – please continue to question 20

Please give full details including circumstances, date of action/agreement and date of discharge (use a continuation sheet if necessary)

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20. Please list your total assets and liabilities listing separately those over £100,000 (see Guidance Notes).

Statement of assets

£

Statement of liabilities

£

Statement of assets		£	Statement of liabilities		£
Total			Total		

21. Are you in default on any of the liabilities listed above?

Yes – please provide details below

No – please continue to question 22

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Section 7. Other Information

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

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

No - please continue to section 8

Section 8. Declaration

- a) I certify that all the statements contained in, and attached to this application form are correct and complete.
- b) I understand that the Gambling Commission may conduct a criminal record check through the Criminal Records Bureau or Disclosure Scotland about me. I confirm that the information that I have provided in support of this application is complete and true and understand that knowingly to make a false statement for this purpose is a criminal offence.
- c) I understand that the Gambling Commission may request a credit reference check and ask third parties for information about my professional qualifications and seek any other information of direct relevance to this application as necessary, including from appropriate authorities overseas. I give my consent to these checks being made.
- d) The Gambling 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 Gambling Commission to request and receive information about me from those third parties.
- e) 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.
- f) 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 in the application form 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.
- g) 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.
- h) 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 h).

First name(s)

Surname

Signed

Date

The Gambling Commission is a data controller under the terms of the Data Protection Act 1998. The information provided on this form 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 and other bodies where it is necessary to do so in order to carry out the Commission's functions and where the Commission is legally required or permitted to do so. The Commission complies with the Criminal Record Bureau (CRB) and Disclosure Scotland Codes of Practice and undertakes not to discriminate unfairly against any subject of a disclosure on the basis of conviction or other information revealed. However, the existence of a conviction for a relevant offence listed in Schedule 7 of the Gambling Act 2005 is a ground on which the Commission may refuse a licence. The Commission's Policy Statement on the Handling of Applications from Ex-Offenders is available on our website.

Any information or material sent to us and which we record may be subject to the Freedom of Information Act 2000. The Commission's policy on release of information is available on request or by reference to our website at www.gamblingcommission.gov.uk. The Commission will treat all information as confidential and will only disclose that information to people outside the Commission where it is necessary to do so in order to carry out the Commission's functions or where the Commission is required by law to disclose the information. Therefore when providing information, if you think that certain information may be exempt from disclosure under the Freedom of Information Act 2000, please annotate the form accordingly so that we may take your comments into account. In addition, if your application is successful some of your details will be held on a public register. If any of the information on that register is inaccurate you have the right to have it corrected.

Section 9. Enclosures

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

Appropriate original identification documents (see Guidance Notes)

Completed CRB or Disclosure Scotland application form

Copy of CRB or Disclosure Scotland report if carried out within the last six months

Overseas police report if you are not a British national and have not lived in Great Britain for more than two years

Copies of any overseas licences held by the applicant

Continuation sheet(s) if required

Please return this form, together with your Operating Licence application form (if required) to:

GAMBLING COMMISSION, PO BOX 13529, BIRMINGHAM B2 2FE



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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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