

Section 2. Contact Details

3. Please provide the following details for the contact you want the Gambling Commission to correspond with about this application. This can be an employee of the applicant or other representative such as a solicitor. Please note that ALL correspondence and licences relating to this application will be issued to this person. The address provided in this section MUST be in Great Britain.

Title

First name(s)

Last name

Position

Property number

Property name

Street

Town/city

Postcode

Home number (inc. area code)

Work number (inc. area code)

Mobile number

Email address

Please confirm if the person listed above is the main contact for all matters relating to your operating licence or whether they are the contact solely for this application.

Main contact

Contact for this application only

If the person listed above is the contact for this application only, please confirm the full name and email address of the individual you want to be the main contact for all other matters relating to your operating licence.

Please note, the main contact will also receive the Gambling Commission's e-bulletin which is issued by email on a fortnightly basis.

First name(s)

Last name

Email address

Section 3. Type of Change

4. Please select the relevant cross box to indicate the type of change you are applying for (see Guidance Notes).

- Change in control (where the change is due to share fluctuations and all parties are known to the Gambling Commission)
- Change in control (where all incoming parties are known to the Gambling Commission and it is not due to a share fluctuation)
- Change in control (where the change includes at least one incoming party not known to the Gambling Commission)
- Change resulting from divisions.

Section 4. Outgoing Owners, Partners, Directors, Shareholders or other Key People

5. Please provide details of the controlling companies who will no longer be involved with the licence holder. Please use a continuation sheet if necessary.

5a. Company name

Date the company will stop, or has stopped, being involved with operator

Equity %

5b. Company name

Date the company will stop, or has stopped, being involved with operator

Equity %

6. Please provide details of the controlling owners, partners, directors, shareholders or key personnel who will no longer be involved with the licence holder. Please use a continuation sheet if necessary.

6a. First name(s)

Last name

Date of birth

Role

- Overall strategy and delivery of gambling
- Financial planning, control and budgeting
- Regulatory compliance
- Marketing and commercial development
- Gambling related IT provision and security
- Major investor, owner or partner

Date the person will be leaving, or left, the organisation

Equity %

Personal Management Licence number (if held)

- - M - -

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Section 5. (continued)

10. Has the incoming controller ever been known by another name (previous names, aliases or company name changes)?

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



No – please continue to question 11



10a. Previous name

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From

D	D	M	M	Y	Y	Y	Y
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To

D	D	M	M	Y	Y	Y	Y
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10b. Previous name

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From

D	D	M	M	Y	Y	Y	Y
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To

D	D	M	M	Y	Y	Y	Y
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11. Please provide details of all incoming individuals (eg shareholders, directors and partners) who have, or are expected to become, a controller of the operator. Please note, if any of the individuals listed below are not currently an approved Annex A or PML holder, the individual is required to submit a PML application or Annex A as applicable. Please see Guidance Notes for further details.

11a. First name(s)

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Last name

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Date of birth

D	D	M	M	Y	Y	Y	Y
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Does this individual hold or will they be submitting a PML application or Annex A?

Annex A



PML



Role

Overall strategy and delivery of gambling



Financial planning, control and budgeting



Regulatory compliance



Marketing and commercial development



Gambling related IT provision and security



Major investor, owner or partner



Date the person became, or is expected to become, involved with the operator

D	D	M	M	Y	Y	Y	Y
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Equity

 %

11b. First name(s)

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Last name

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Date of birth

D	D	M	M	Y	Y	Y	Y
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Does this individual hold or will they be submitting a PML application or Annex A?

Annex A



PML



Role

Overall strategy and delivery of gambling



Financial planning, control and budgeting



Regulatory compliance



Marketing and commercial development



Gambling related IT provision and security



Major investor, owner or partner



Date the person became, or is expected to become, involved with the operator

D	D	M	M	Y	Y	Y	Y
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Equity

 %

continues on next page

Section 5. (continued)

12. The Gambling Commission requires a diagram illustrating the management structure for the operator which details the names of individuals occupying qualifying positions. This will vary between operators, but it should illustrate the structure of the business showing reporting lines down to area manager level, if applicable. Please refer to the Guidance Notes for details of the information we require.

If you are completing an electronic copy of this form and have a copy of your management structure in either a JPEG, TIF, GIF or PNG file, you can attach it to the form. Please click in the box below to attach the document. Alternatively you can submit the structure as a separate document in electronic or hard copy format. If you are providing a separate document, please select the cross box.



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Section 6. Organisation Details

15. Does the incoming controller, or any other entities or organisations connected with it, hold a Gambling Commission Operating Licence, have any applications pending, or have previously held a licence?

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



No – please continue to question 16



Operator name in which the licence is, was or will be held

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Licence number

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Date licence was issued

D	D	M	M	Y	Y	Y	Y
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Date application was made

D	D	M	M	Y	Y	Y	Y
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Date licence ended

D	D	M	M	Y	Y	Y	Y
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Reason why the licence is no longer held

16. Does the incoming controller, or any other entities or organisations connected with it, currently hold, have any applications pending or have previously held any gambling related licences or permits outside Great Britain?

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



No – please continue to question 17



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

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Name of issuing body

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Type of licence held

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Licence number

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Country

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Date licence was issued

D	D	M	M	Y	Y	Y	Y
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Date application was made

D	D	M	M	Y	Y	Y	Y
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Date licence ended

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

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Section 6. (continued)

17. Has the operator's registered address, head office address or correspondence address changed as a result of this change of corporate control?

Please note, you are required to provide proof of the new address with this application, such as letter headed paper, utility bill or bank statement.

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

No – please continue to question 18

Property number

Property name

Street

Town/city

Postcode

Country

Main number (inc. area code)

Alternative number (inc. area code)

Email address

@

Date address changed

D	D	M	M	Y	Y	Y	Y
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Please confirm if the address above is your registered address, head office address and/or correspondence address. Please select all that apply.

Registered address

Head Office address

Correspondence address

18. Will any of the premises used to deliver gambling services or facilities change as a result of this change of corporate control?

Yes – please provide the premises changes on a continuation sheet (see guidance notes)

No – please continue to question 19

For Remote Operators ONLY

19. Will any of the remote key equipment change location, and/or be provided by and operated by a different organisation as a result of this change of corporate control?

Yes – please complete Annex R

No – please continue to question 20

Section 7. Criminology and Investigations

All current (ie unspent) convictions recorded against the company or its officers must be declared. All convictions for relevant offences (see Guidance Notes), and/or previous convictions (ie spent) must also be declared as Section 4 of the Rehabilitation of Offenders Act 1974 does not apply to a Gambling Commission licence application.

20. Has the incoming controller, or any of its directors, partners or officers named in questions 8, 11 or 14 or any other persons relevant to the application ever been found liable under the criminal laws of England, Scotland, Wales or any other jurisdiction, or received a civil penalty relating to their corporate duties? (Please include details if charged with an offence but awaiting trial or under investigation.)

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

No – please continue to question 21

Full name(s)

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Date

D	D	M	M	Y	Y	Y	Y
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Offence

Director's Liability	<input checked="" type="checkbox"/>	Corruption	<input checked="" type="checkbox"/>	Companies Act offences	<input checked="" type="checkbox"/>
Insolvency offences	<input checked="" type="checkbox"/>	Fraudulent Trading	<input checked="" type="checkbox"/>	Restraint, confiscation orders and asset recovery	<input checked="" type="checkbox"/>
Regulatory offences	<input checked="" type="checkbox"/>	False Accounting	<input checked="" type="checkbox"/>	Schedule 7 offences – Gambling Act 2005	<input checked="" type="checkbox"/>
Financial Services and Market Act offences	<input checked="" type="checkbox"/>	Corporate Manslaughter	<input checked="" type="checkbox"/>	Other (please specify below)	<input checked="" type="checkbox"/>

Please provide details of the circumstances surrounding the offence below, including details of any penalties issued and the location of the convicting court and country. If you have crossed Schedule 7 offences, please ensure you specify which offence you have been convicted of/are awaiting trial for/are under investigation for. Please use a continuation sheet if necessary.

continues on next page

Section 8. Policy Information

The Gambling Commission has to be satisfied that a licensed operator understands its responsibilities to meet the licensing objectives of the Gambling Act 2005 and has arrangements in place to provide gambling services or facilities in a manner consistent with those licensing objectives.

23. As part of an Operating Licence application, an operator is required to provide details of its policies to:

- Prevent gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime;
- Ensure that gambling is conducted in a fair and open way;
- Protect children and other vulnerable persons from being harmed or exploited by gambling; and
- Promoting social responsibility in gambling.

Please provide details of any aspects of the policies that will change as a result of the new ownership of the operator. The details can be provided in the space below or as a separate document. If you are providing a separate document, please select the cross box.



24. You are required to provide an explanation of how you implement your policies and procedures (see Guidance Notes). This information can be provided in the space below or as a separate document. If you are providing a separate document, please select the cross box.



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Section 7. (continued)

25. You are required to provide an explanation of how you review and assess your policies and working practices in light of any changes to the Licence Conditions and Codes of Practice or developments within the gambling industry (see Guidance Notes). This policy can be provided in the space below or as a separate document. If you are providing a separate document, please select the cross box.



Section 9. Financial Information

When looking at an application for a change of corporate control, the Gambling Commission has to consider whether an operator has the necessary financial resources available to be able to provide gambling services or facilities in a manner consistent with the licensing objectives of the Act and the Licence Conditions and Codes of Practice.

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

- A copy of the sales purchase agreement;
- Documentation confirming that the shares in the operator have been transferred to the new controller;
- Proof of funding for the purchase of the shares;
- An updated business plan;
- Financial projections for the next 12 months, if these are likely to change from those previously provided; and
- The latest available accounts for the incoming controller.

Your business plan and projections can be provided within Annex B. Please see the Annex B Guidance Notes for further details regarding the information required.

Please note, where an incoming controller is a private or public limited company, they are required to provide a copy of their published annual accounts as provided by their accountant.

Section 10. Other Information

27. Is there any other information which you believe the Gambling 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 11



Section 11. Declaration

The following declaration must be signed in all cases by both the existing operator and the new controller(s):

- a. If the operator company was incorporated **before** April 2008, by both the company secretary and at least one director (who is not also the secretary of the company);
- b. If the operator company was incorporated **after** April 2008, by at least one director;
- c. If the new controller(s) is/are an individual, by that individual;
- d. If the new controller(s) is/are a partnership, by all individuals who are partners;
- e. If the new controller(s) is/are a company and was incorporated **before** April 2008, by both the company secretary and at least one director (who is not also the secretary of the company);
- f. If the new controller(s) is/are a company and was incorporated **after** April 2008, by at least one director;
- e. In any other case, by a duly authorised officer of the applicant.

Should the information provided in relation to this application form and any accompanying annexes 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 the applicant's responsibility to advise the Gambling Commission immediately. Failure to do so could result in any licence subsequently issued being reviewed and possibly revoked.

The Gambling 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 Gambling Commission to request and receive information about me/us from those third parties.

I/We agree to provide authority for the Gambling Commission to obtain bank references.

I/We 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.

I/We certify that the financial projections provided have been approved and adopted by the board (or equivalent) and that the Directors (or equivalent) have a reasonable expectation that the licensed entity has adequate resources to continue in operational existence for the foreseeable future.

I/We certify to the best of my/our knowledge that the information given in this application is complete and correct in every respect and that all material information has been included.

I/We agree to notify the Gambling Commission should any of the information given in this application change.

I/We understand that if I/we receive a licence, that fact will be placed on a public register.

I/We understand that if the application form is signed using a digital signature, the Gambling Commission will only accept a digital signature containing a serial number and code to allow verification, and I/we accept that a digital signature has the same force and effect as a signature affixed by hand.

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Section 11. (continued)**a. First name(s)**

Last name

Position in organisation

Signed

Date

D	D	M	M	Y	Y	Y	Y
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b. First name(s)

Last name

Position in organisation

Signed

Date

D	D	M	M	Y	Y	Y	Y
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c. First name(s)

Last name

Position in organisation

Signed

Date

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

d. First name(s)

Last name

Position in organisation

Signed

Date

D	D	M	M	Y	Y	Y	Y
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Section 12. Enclosures

Please select the relevant cross box(es) to confirm that the required enclosures have been attached:

The appropriate fee (non-refundable)

Annex A or Personal Management Licence application form (as applicable) for all required individuals (as detailed in questions 8, 11, 13 and 14)

Personal identification documents for any associated Annex A or PML applications (as detailed in questions 8, 11, 13 and 14)

Completed CRB or Disclosure Scotland application form or overseas police report for relevant personnel (as detailed in questions 8, 11, 13 and 14)

Sales purchase agreement (as detailed in question 26)

Documentation confirming transfer of shares to incoming controllers (as detailed in question 26)

Proof of funding for shareholding, business plan, projections and any other financial information (as detailed in question 26)

Group structure and management structure (as detailed in questions 9 and 12)

Adherence policies and procedures (as detailed in question 23 to 25)

Current operating licence, if issued as a hard copy

Annex R (where applicable, as detailed in question 19)

Continuation sheet(s) (if required)

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 Gambling 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 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 Gambling 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 Gambling Commission. It may also be shared with other bodies where it is necessary to do so in order to carry out our functions and where we are legally required or permitted to do so.

Any information or material sent to us and which we record may be subject to the Freedom of Information Act 2000. The Gambling Commission's policy on release of information is available on our website

www.gamblingcommission.gov.uk. We will treat all information as confidential and will only disclose that information to third parties where it is necessary to do so in order to carry out our functions or where we are required by law to disclose the information. The Gambling Commission would not normally expect that the disclosure of commercially sensitive information would be in the public interest.

Section 13. Payment Calculation

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

Corporate change fee (£)

£																			
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Personal licences (£)

£																			
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Total (£)

£																			
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OFFICE USE ONLY	
Account ID	
Order No.	

Section 14. Payment Method

29. Which payment method do you intend to use?

Cheque/bankers draft - Please go to question 30	<input checked="" type="checkbox"/>	Credit/debit card - Please go to question 31	<input checked="" type="checkbox"/>	BACS transfer - Please contact the Gambling Commission	<input checked="" type="checkbox"/>
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30.
Amount

£	<input type="text"/>	Number of applications being paid for	<input type="text"/>
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Name of account the cheque or bankers draft has been issued from

Cheque number

31.
Amount

£	<input type="text"/>	Number of applications being paid for	<input type="text"/>
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Card Type

Visa	<input checked="" type="checkbox"/>	Mastercard	<input checked="" type="checkbox"/>	Switch or Maestro	<input checked="" type="checkbox"/>
Solo	<input checked="" type="checkbox"/>	Visa Delta	<input checked="" type="checkbox"/>	Please note, we do not accept American Express or Visa Electron	

Cardholder's name (as listed on the card)

Property number

Property name

Street

Town/city

Postcode

Country

Card number

Expiry date

Valid from

Issue number

Cardholder's signature

Date

Please return this payment, together with your application form, to:
GAMBLING COMMISSION, VICTORIA SQUARE HOUSE, VICTORIA SQUARE, BIRMINGHAM, B2 4BP

Keeping gambling fair and safe for all

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 Gambling Commission also provides independent advice to government on gambling in Great Britain.

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

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