



Jersey Gambling Commission

GAMBLING (JERSEY) LAW 2012

REMOTE GAMBLING LICENCES AND PERMITS

**APPLICATION FOR REMOTE GAMBLING DISASTER RECOVERY LICENCE AND
MIRRORING/LOAD BALANCING LICENCE**

FORM OF APPLICATION

Please complete in BLOCK CAPITALS and in black ink and then return this completed form to:

The Jersey Gambling Commission, 4th Floor, Osprey House, 5-7 Old Street
St. Helier, Jersey, JE2 3RG



Name of applicant:

Company registration number:
(JFSC Number)

Date of incorporation:

Address of registered office:

Correspondence address:
(if different)

Full name and position of principal contact:

Address of principal contact:

Telephone number:

Email address:

Other contact:



Company Details

Type of company:
(e.g. public/private, limited liability/shares/guarantee)

Trading name(s):

Previous company name(s):

Primary business activity:

List all Officers and Senior Management:

(List all Directors, Company Secretaries and senior management of the applicant. Where applicable, list all entities who exercise influence over the business and/or operational functions of the Applicant – Continue on separate sheets if required)

Full name:

Address:

Position:

Date of birth:

Place of birth:

Nationality:

Country of residence:

Telephone:

Office address:



List all shareholders with 5% or more of issued capital

Name	Address	Date of Birth	Interest Percentage

Required Documents

Corporate Structure Diagram

Incorporation Certificates

Memorandum and Articles of Association

If you cannot provide any of the above mentioned documents, please state the reason why:



Corporate Details

Is the applicant part of a group of companies: YES NO
(tick as appropriate)

Please provide group investors with 5% or more of beneficial capital

Company/ Individual Name	Address	Capital Percentage

Please Provide a List of Ultimate Beneficiaries:

Name	Address	Date of Birth	Place of Birth	Interest Percentage



Corporate Details (continued)

Identify all other controllers/interested parties not mentioned previously:

Does your business or group undertake any form of regulated business in Jersey or elsewhere other than gambling?

YES

NO

If YES, please state the nature of the business and supply the name and address of the pertinent regulatory authority, together with copies of licences and conditions:

Pertinent Regulatory Authority	Address	Licensed Activity	Point of Contact

Required Documents

Group Corporate Structure (*if part of a group*) – Please provide a full chart of the company structure, include parent and subsidiary companies, highlight percentage of ownership and include names of directors of all companies in the group:

If you cannot provide any of the above mentioned documents, please state the reason why:



Licensed Jurisdiction Details

Licensed Jurisdictions *(Please list all jurisdictions in which the company/applicant is licensed to conduct remote gambling or gambling related activity)*

Jurisdiction:	<div></div>
Licence Issue Date:	<div></div>
Regulatory Authority Name:	<div></div>
Regulatory Authority Address:	<div></div>
Jurisdiction:	<div></div>
Licence Issue Date:	<div></div>
Regulatory Authority Name:	<div></div>
Regulatory Authority Address:	<div></div>
Jurisdiction:	<div></div>
Licence Issue Date:	<div></div>
Regulatory Authority Name:	<div></div>
Regulatory Authority Address:	<div></div>
Jurisdiction:	<div></div>
Licence Issue Date:	<div></div>
Regulatory Authority Name:	<div></div>
Regulatory Authority Address:	<div></div>



Financial Details

Required Documents

Please provide a copy of the most recent set of financial statements:

If part of a group, please supply group audited financial statements:

If you cannot provide any of the above mentioned documents, please state the reason why:



Penalties and Civil Actions

Has the applicant at any time in the previous 10 years had a receiver, administrative receiver or administrator appointed?

YES

NO

Has the applicant in the last 10 years failed to satisfy a debt adjudged due or a debt in respect of which a decree has been passed against it or entered into a scheme of arrangement or composition of its debts with its creditors?

YES

NO

Has the applicant at any time in the last 10 years been refused or had withdrawn any licence, recognition or authorisation under the legislation of any country or jurisdiction?

YES

NO

Has the applicant at any time in the last 10 years ever been refused or had revoked any authorisation to carry on activities in any country or jurisdiction?

YES

NO

Provide details of the imposition of any conditions on any licence or authorisation of the applicant to carry on business within the last 10 years?

YES

NO

Has the applicant ever been subject to any disciplinary measure by any regulatory body in any country or jurisdiction in relation to its activities?

YES

NO

Have the applicant's affairs ever been investigated by any regulatory body in any country or jurisdiction in relation to any of its activities?

YES

NO

Has the applicant ever been the subject of formal investigation under the legislation of any country or jurisdiction?

YES

NO

Has the applicant or any of its beneficial owners, directors or senior management been criticised or disciplined in Jersey or elsewhere in the previous 10 years by any regulatory or supervisory organisation or law enforcement or professional body?

YES

NO

Have there been any changes in the bankers, auditors or legal advisers of the applicant within the last 3 years?

YES

NO

If you answered YES to any of the questions above, please provide a full explanation and enclose copies of all relevant formal documentation.

Please complete in BLOCK CAPITALS and in black ink

Further Information



Further information:

(please supply information that you consider relevant to assist with the determination of your application)

Please complete in BLOCK CAPITALS and in black ink

Further Information



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Further Information



Further information:

(please supply information that you consider relevant to assist with the determination of your application)



Declaration

I am fully authorised by the applicant to make this application on its behalf (see certified true copy of Minute attached).

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

Signature:

Name (*print*):

Date:

Data Protection

The Commission requires data regarding applicants (including lead executives and beneficiaries, where necessary) for the purposes set out in the Gambling Commission (Jersey) Law 2010 and the Gambling (Jersey) Law 2012. As a competent authority listed in Schedule 1 of the Data Protection (Jersey) Law 2018, the Commission will primarily collect and process data and special category data necessary for the exercise of its public functions.

The Commission has produced a Privacy Policy for users and an Information Note. These are available on the website at the following link - <https://www.jgc.je/data-protection>. Please read them carefully.



Notes to Applicants

The original completed application form and any attachments appended should be forwarded with the prescribed application fee, as set out in the Fees Notice for Remote Gambling Operators, to:

Jersey Gambling Commission,
4th Floor, Osprey House,
5-7 Old Street,
St. Helier,
Jersey
JE2 3RG

Electronic copies of all documents should also be provided.

NOTE: Licence Fees are payable (using applicant name or invoice number as reference) to the Jersey Gambling Commission via bank transfer to HSBC 40-25-34 – 52474700

The principal purpose of seeking the information required by this Application form is to provide core factual details, thereby enabling:

- 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.

Additional information may be sought by way of a meeting with an officer of the Jersey Gambling Commission and/or a visit to the premises for which approval will be sought.

If any details set out on this Application form change prior to the determination of this Application, you must notify the Jersey Gambling Commission in writing as soon as reasonably practicable.

Wherever possible, use BLOCK CAPITALS.

All dates should be in the form of Day / Month / Year (DD / MM / YYYY).

Answer every question, using N/A or NIL where applicable.

Use additional sheets as necessary, cross-referencing against the relevant question the additional sheet(s) on which the answer is to be found.

Please number, date and sign any additional attached pages to the application form.

If the application fee required by the Commission has not already been made, it must accompany the submission of this Application form. The Commission WILL NOT begin the application until the application fee has been deposited. The Commission may require a further payment to process the application, but will not request this payment unless the application fee has been exhausted.

Application processing will not commence until all initial requested documentation is received.

If you require any assistance or would like to discuss any part of the application form, please contact the Commission on +44 (01534) 828540.