

Jersey Gambling Commission

4th Floor, Osprey House
5-7 Old Street, St. Helier
Jersey, JE2 3RG
Tel: +44 (0)1534 828540



TEST HOUSE APPLICATION FOR APPROVAL

This application form is to be completed by all organisations applying for approval to undertake testing of games, gaming machines, remote and other systems used for terrestrial or online gambling. In order to qualify for approval applicants must be accredited, at a minimum, to BS EN ISO 17025 and the scope of their accreditation must be sufficient to allow them to test to the appropriate technical standards. This will need to be confirmed by the independent accreditation body (e.g. UKAS in the UK).

If you have any queries about the application form and how to complete it, please contact the Commission on +44 1534 828540 or info@jgc.je

Section 1 – Contact Details

- 1 Name of the designated contact responsible for this application. All future correspondence relating to the application will be directed to this address.

| | |
|---|--|
| Title | |
| First name(s) | |
| Surname | |
| Building name | |
| Building number | |
| Street | |
| Town/city | |
| Postcode | |
| Country | |
| Office phone number (including area code) | |
| Daytime phone number (including area code) | |
| Email | |

Section 2 – Organisation Details

2 Name of organisation
(registered entity,
individual or other)

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2a Website address of
organisation

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3 Trading name (if
different from above)

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4 Has the organisation ever been known by another name (company name changes,
aliases and previous names)?

Yes

No

4a If YES, please provide details below:

Other known name(s)

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Date from

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Date to

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5 Type of organisation (Cross (X) one box only)

Private Limited Company

Public Limited Company

Partnership

Other (specify below)

6 If the organisation is a registered business, complete the following:

Registration number

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Country of registration

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Building name

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Building number

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Street

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Town/city

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Postcode

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Country

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7 If the organisation does not have a registered office or the head office is different
from the registered address, complete the following in respect of the head office:

Building name

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Building number

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Street

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Section 2 – continued

Town/city

Postcode

Country

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Section 3 – Management, Owner and Organisational details

8 Please provide details of all relevant certificates of accreditation/licences/permits held by the organisation. This includes BS EN ISO 17025, and approvals from other gambling regulators to test games, gaming machines, remote systems etc.

| | | |
|----|-----------------------|--|
| 8a | Type of certificate | |
| | Issued by | |
| | Description | |
| | Date of issue | |
| | Licence/permit number | |
| | Country | |

| | | |
|----|-----------------------|--|
| 8b | Type of certificate | |
| | Issued by | |
| | Description | |
| | Date of issue | |
| | Licence/permit number | |
| | Country | |

| | | |
|----|-----------------------|--|
| 8c | Type of certificate | |
| | Issued by | |
| | Description | |
| | Date of issue | |
| | Licence/permit number | |
| | Country | |

Please provide further details on a separate sheet if required.

9 What accreditation are you applying for?

Gaming Machines

| | | | |
|--------------|--------------------------|---------|--------------------------|
| Type I | <input type="checkbox"/> | Type II | <input type="checkbox"/> |
| Category 1-4 | <input type="checkbox"/> | | |

Server based or server assisted equipment/software

| | |
|--|--------------------------|
| Server networked and/or downloadable gaming software or machine(s) | <input type="checkbox"/> |
| Remote Gambling Systems | <input type="checkbox"/> |
| Wireless gaming machine systems | <input type="checkbox"/> |
| Cashless gaming machine payment systems | <input type="checkbox"/> |

10 List the address of all premises currently in use to operate or deliver testing services relevant to this application:

| | | |
|-----|---------------|--|
| 10a | Building name | |
|-----|---------------|--|

Section 3 – continued

| | |
|---------------------------------------|--|
| Building number | |
| Street | |
| Town/city | |
| Postcode | |
| Country | |
| Phone number (including area code) | |

10b

| | |
|---------------------------------------|--|
| Building name | |
| Building number | |
| Street | |
| Town/city | |
| Postcode | |
| Country | |
| Phone number (including area code) | |

10c

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|---------------------------------------|--|
| Building name | |
| Building number | |
| Street | |
| Town/city | |
| Postcode | |
| Country | |
| Phone number (including area code) | |

11 In the following question, please provide details of all individuals (e.g. shareholders, directors, partners, senior managers and above) who are the ultimate beneficiaries or who are responsible for the ongoing operation of the entity/organisation/business.

11a

| | |
|-------------------|--|
| First name(s) | |
| Surname | |
| Role | |
| Date of birth | |
| Equity percentage | |

- | | | | |
|--|--------------------------|---|--------------------------|
| Major investor, owner or partner | <input type="checkbox"/> | Overall strategy and delivery of services | <input type="checkbox"/> |
| Financial planning control and budgeting | <input type="checkbox"/> | Technical Director | <input type="checkbox"/> |
| Compliance Director | <input type="checkbox"/> | Quality control | <input type="checkbox"/> |

Section 3 – continued

11b First name(s)
Surname
Role
Date of birth
Equity percentage

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Major investor, owner or partner

Overall strategy and delivery of services

Financial planning control and budgeting

Technical Director

Compliance Director

Quality control

11c First name(s)
Surname
Role
Date of birth
Equity percentage

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Major investor, owner or partner

Overall strategy and delivery of services

Financial planning control and budgeting

Technical Director

Compliance Director

Quality control

11d First name(s)
Surname
Role
Date of birth
Equity percentage

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Major investor, owner or partner

Overall strategy and delivery of services

Financial planning control and budgeting

Technical Director

Compliance Director

Quality control

11e First name(s)
Surname

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Section 3 – continued

Role
Date of birth
Equity percentage

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Major investor, owner or partner

Overall strategy and delivery of services

Financial planning control and budgeting

Technical Director

Compliance Director

Quality control

11f First name(s)
Surname
Role
Date of birth
Equity percentage

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Major investor, owner or partner

Overall strategy and delivery of services

Financial planning control and budgeting

Technical Director

Compliance Director

Quality control

12 In the following table, please provide details of corporate shareholder/trust or other organisations who are involved in the ownership and/or responsible for the ongoing operation of the entity/organisation/business making this application.

12a Company name
Date when became involved with entity
Date of incorporation
Equity share

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Contact details:

Title
First name(s)
Surname
House name
House number
Street

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Section 3 – continued

Town/city

Postcode

Country

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12b Company name

Date when became
involved with entity

Date of incorporation

Equity share

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Contact details:

Title

First name(s)

Surname

House name

House number

Street

Town/city

Postcode

Country

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12c Company name

Date when became
involved with entity

Date of incorporation

Equity share

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Contact details:

Title

First name(s)

Surname

House name

House number

Street

Town/city

Postcode

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Section 3 – continued

Country

12d Company name
Date when became involved with entity
Date of incorporation
Equity share

Contact details:

Title
First name(s)
Surname
House name
House number
Street
Town/city
Postcode
Country

12e Company name
Date when became involved with entity
Date of incorporation
Equity share

Contact details:

Title
First name(s)
Surname
House name
House number
Street
Town/city
Postcode
Country

12f Company name
Date when became involved with entity

Section 3 – continued

Date of incorporation

Equity share

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Contact details:

Title

First name(s)

Surname

House name

House number

Street

Town/city

Postcode

Country

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12g Company name

Date when became
involved with entity

Date of incorporation

Equity share

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Contact details:

Title

First name(s)

Surname

House name

House number

Street

Town/city

Postcode

Country

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12h Company name

Date when became
involved with entity

Date of incorporation

Equity share

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Section 3 – continued

Contact details:

| | |
|---------------|--|
| Title | |
| First name(s) | |
| Surname | |
| House name | |
| House number | |
| Street | |
| Town/city | |
| Postcode | |
| Country | |

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|-----|---------------------------------------|--|
| 12i | Company name | |
| | Date when became involved with entity | |
| | Date of incorporation | |
| | Equity share | |

Contact details:

| | |
|---------------|--|
| Title | |
| First name(s) | |
| Surname | |
| House name | |
| House number | |
| Street | |
| Town/city | |
| Postcode | |
| Country | |

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|-----|---------------------------------------|--|
| 12j | Company name | |
| | Date when became involved with entity | |
| | Date of incorporation | |
| | Equity share | |

Contact details:

| | |
|-------|--|
| Title | |
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Section 3 – continued

| | |
|---------------|--|
| First name(s) | |
| Surname | |
| House name | |
| House number | |
| Street | |
| Town/city | |
| Postcode | |
| Country | |

13 Is the entity subject to any current, pending, or previous investigation in the last five years by any statutory, regulatory or government body in respect of any gambling licence, certificate, permit or application? If YES, please provide details below (please continue on a separate sheet if necessary):

| | |
|---|--|
| 13a Date | |
| Statutory or regulatory body/department | |
| Investigating officer | |
| Investigating officer contact number | |
| Reference/Licence number | |
| Country | |

| | |
|---|--|
| 13b Date | |
| Statutory or regulatory body/department | |
| Investigating officer | |
| Investigating officer contact number | |
| Reference/Licence number | |
| Country | |

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|---|--|
| 13c Date | |
| Statutory or regulatory body/department | |
| Investigating officer | |
| Investigating officer contact number | |
| Reference/Licence number | |

Section 3 – continued

Country

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- 14 Has the entity or any of its directors, partners or officers ever been found liable under the criminal or civil laws of the Bailiwick of Jersey or any other jurisdiction. If YES, please provide the details below. Also provide details if charged with an offence but awaiting trial, or under investigation for an offence within the last 5 years:

14a

Offence(s)

Date of conviction or
action(s)

Penalty

Location/court

Country

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Section 4 – Financial Information

Please provide a copy of your:

- Three years of audited accounts
- Professional indemnity insurance

15 Have you completed and attached the required financial evidence?

Yes

No

I/We certify that the Directors (or equivalent) have a reasonable expectation that the entity has adequate resources to continue in operational existence for the foreseeable future.

First name(s)

Surname

Signed

Position in organisation

First name(s)

Surname

Signed

Position in organisation

Section 5 – Information on Policy

16 Does the entity have a policy for ensuring its independence and for dealing with conflicts of interest?

Yes

No

16a If YES, please enclose a copy or explain below the key features of it:

17 If no, how do you ensure compliance with your independence policies?

Section 6 – Other Information

18 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

No

18a If YES, please provide details below or attach any relevant documents to the application:

Section 7 – Declaration

The following declaration must be signed in all cases:

- a) If the organisation is an individual, by that individual;
- b) If the application is made on behalf of a partnership, by all individuals who are partners;
- c) If the organisation is a company, by both the company secretary and a director (who is not also the secretary of the company);
- d) In any other case, by a duly authorised officer of the organisation.

Should the information provided in relation to this application form cease to be correct, it is the organisation's responsibility to advise the Commission immediately. Failure to do so could result in any approval subsequently issued being reviewed and possibly revoked.

The 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 to the Jersey Gambling Commission officers to request and receive information about me/us from those third parties. (See also information sharing letter).

I/We agree to provide authority for the Jersey Gambling Commission to obtain bank references (status enquiries).

I/We understand that any misrepresentation or failure to reveal information or grant any authorisation requested may be deemed sufficient cause for the refusal or revocation of approval.

I/We confirm that we will notify the Jersey Gambling Commission if any of the information in this form changes after approval has been granted.

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

| | | |
|---|--------------------------|--|
| a | First name(s) | |
| | Surname | |
| | Signed | |
| | Position in organisation | |
| | Date | |
| b | First name(s) | |
| | Surname | |
| | Signed | |
| | Position in organisation | |
| | Date | |
| c | First name(s) | |
| | Surname | |
| | Signed | |
| | Position in organisation | |
| | Date | |

Section 7 – continued

d First name(s)

Surname

Signed

Position in organisation

Date

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e First name(s)

Surname

Signed

Position in organisation

Date

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Section 8 – Form Enclosures

Please indicate which enclosures have been attached. Please cross (X) box.

Copy of related licences, permits, accreditation held by the organisation Copies of annual or audited accounts

Copies of independence policy documents. Copy of professional indemnity insurance

Note: Failure to provide enclosures will cause delay and may result in refusal of your application.

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.