

# **THE BETTING, GAMING & LOTTERIES COMMISSION**

## **PERSONAL DECLARATION FORM II**

This form should be completed and returned with the necessary supporting documents  
under **CONFIDENTIAL** cover to:

**THE EXECUTIVE DIRECTOR  
BETTING, GAMING & LOTTERIES COMMISSION  
17 RUTHVEN ROAD  
BUILDING # 2  
KINGSTON 10  
JAMAICA**

# THE BETTING, GAMING & LOTTERIES COMMISSION

## PERSONAL DECLARATION FORM II

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(please give name of individual making the application)

### **PART A: GENERAL NOTES AND INFORMATION**

1. A Personal Declaration Form should be completed by each person who:
  - a) is a director or officer in the applicant/licenced company;
  - b) is a shareholder in the applicant/licenced company;
  - c) is a director or secretary of an applicant company or any parent company;
  - d) has direct or indirect financial interest in the applicant/licenced company;
  - e) is appointed director or officer of a company (or any parent of a company) which currently holds a valid certificate from the Betting Gaming and Lotteries Commission;
  - f) the Commission determines has any other significant involvement with the activities of the applicant/licenced company; or
  - g) will have actual and effective control or influence over the applicant/licenced company.
  - h) an agent, franchisee of permit holder or licensee
2. The completed Personal Declaration Form should accompany all applications for licensing when your proposals are submitted to the Betting, Gaming and Lotteries Commission.
3. Discovery of any material falsification or omission of any information required in this Personal Declaration Form could cause refusal to grant a licence or approval, or if this discovery is made subsequent to the grant of a licence or approval, such licence or approval may be suspended or revoked by the Commission.
4. Any material change to the information or particulars given in this Form should be notified to the Betting, Gaming and Lotteries Commission within seven (7) days of such change.
5. It is expected that the applicant accepts the risk of any adverse public notice, embarrassment, criticism or financial loss which may result from action taken by the Commission to verify information with respect to the application and that the applicant waives any claim for damages as a result thereof.

6. The initials of the applicant (person completing this Form) should be written on each page of the Personal Data Form.
7. Where sufficient space is not allowed for any answer, responses should be given on separate paper and attached. All attachments should be carefully labeled so that they relate clearly to the items and paragraphs to which they apply.
8. The Commission reserves the right to request additional information from the Applicant as it seems fit.
9. This Personal Declaration Form should be accompanied by:

- a) references from three (3) persons. This can be done by one of the following officials who is a citizen of Jamaica; who is not a member of the family of the applicant and, has been personally acquainted with the applicant for a period of not less than 12 months:

- |                        |  |                     |
|------------------------|--|---------------------|
| • Justice of the Peace | • Public Officer (SEG 1 & above)                                     | • Consular Officer  |
| • Attorney-at-law      | • Commissioner of Oaths Notary Public                                | • Parish Councillor |
| • Bank Manager         | • Credit Union Manager   | • Clerk of Courts   |
| • Marriage Officers    | • Army Officer (Major & above)                                       | • Dental Surgeon    |
| • Medical Practitioner | • Police Officer (Gazetted Ranks)                                    | • Passport Officer  |
| • Veterinarian         | • Principal (Primary, Secondary & Tertiary Educational Institutions) |                     |

- b) two certified recent photographs of the applicant. The photographs should be certified by one of the above-mentioned officials who is not a relative of the applicant, with the following inscription above his/her signature:

“I certify that this is a true photograph of.....(insert applicant’s name and note date of certification).....” (the signatory may be one of the referees);

- c) a valid identification; Passport, Drivers Licence, National ID
- d) a valid Police Record

**PART B: PURPOSE OF APPLICATION:** (Please tick [√] where applicable)

Betting Agent

Lottery Agent

Gaming Premises Operator

OTB Franchise

Other (please state)

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**PART C: PERSONAL HISTORY**

*(PLEASE PRINT OR TYPE)*

Please read and answer all questions carefully and completely. If a question does not apply to you, or there is nothing to disclose, enter "N/A" or "NONE".

1. Full name: \_\_\_\_\_  
Surname First Name Middle Name

2a. Former names (if different from 1)

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

2b. Alias \_\_\_\_\_

3. Address at which you reside: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

5. Place of birth: Town \_\_\_\_\_ Parish/State \_\_\_\_\_  
Country \_\_\_\_\_

6. Nationality: \_\_\_\_\_  
(If naturalized, attach a copy of the naturalization certificate and state here former nationality as well.)

7. NIS Number, Social Security Number or National Identity Number:  
(Whichever is applicable)  
\_\_\_\_\_

8. Tax Reference Number (TRN): \_\_\_\_\_

9. Details of marital status:

a.  Single  Married  Separated  Divorced  Widowed  *De facto* relationship

b. Spouse / *de facto* partner's full name:

\_\_\_\_\_  
Surname First Name Middle Name

Maiden Name: \_\_\_\_\_

10a. Present business address and telephone number:

\_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

10b. Type of company (e.g.: public, private or partnership) or sole proprietorship:

\_\_\_\_\_

10c. Title of position held: \_\_\_\_\_

11. Do you intend to continue with your present employment if this application is granted?

Yes  No

12. Have you ever applied for a licence with respect to (including but not limited to) any of the following. Please tick [✓] the relevant sections

- |   |  |
|---|--|
| <input type="checkbox"/> spirits                        | <input type="checkbox"/> boxing promoter       |
| <input type="checkbox"/> real estate broker or salesman | <input type="checkbox"/> racehorse owner       |
| <input type="checkbox"/> accountant                     | <input type="checkbox"/> jockey                |
| <input type="checkbox"/> doctor                         | <input type="checkbox"/> trainer               |
| <input type="checkbox"/> lawyer                         | <input type="checkbox"/> bookmaker             |
| <input type="checkbox"/> gaming machine operator        | <input type="checkbox"/> securities dealer     |
| <input type="checkbox"/> lottery agent                  | <input type="checkbox"/> betting agency permit |
| <input type="checkbox"/> gaming premises operator       | <input type="checkbox"/> Other (please state)  |

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If YES please give details of the outcome of the application.

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13. Have you ever operated unlicensed gaming machines or premises, or been convicted of an offence involving unlawful betting, gaming or lottery activity, or acts of dishonesty, or other criminal activity?

Yes  No

If yes, please explain including the year in which the event/s occurred.

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14. Do you have any relatives associated with or employed to the lottery/gaming/  
betting industry?

Yes  No

If 'yes', please list the names and addresses of all relatives. (Please use the format below)

'Relative' means:

1. Anyone related to you by blood;
2. Anyone related to you by marriage;
3. Anyone with whom you cohabit;
4. Anyone with whom you have a regular visiting relationship

**'Cohabit'** means to live together in a conjugal relationship outside of marriage

**'Visiting relationship'** means a relationship between a man and a woman who do not share a common residence, which is a close personal relationship by virtue of its nature and intensity having regard to (a) the amount of time that the persons spend together; (b) the place where that time is ordinarily spent; (c) the manner in which that time is ordinarily spent; (d) the duration of the relationship; and (e) the existence of a child (if any) of both parties.

a. Names & Address

Relationship

_____	_____
_____	_____
_____	_____

Employer's Name & Address

Dates

_____	_____
_____	_____

b. Name & Address

Relationship

_____	_____
_____	_____

Employer's Name & Address

Dates

_____	_____
_____	_____
_____	_____

**PERSONAL REFERENCES**  
(List Three)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER/S: \_\_\_\_\_

=====

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER/S: \_\_\_\_\_

=====

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER/S: \_\_\_\_\_

I declare each of the answers given to the questions on this Declaration Form to be complete and true to the best of my knowledge, and that any material misrepresentation or omission may be cause for refusal to grant a licence or approval. If this discovery is mad subsequent to the grant of a licence or approval, such licence or approval may be suspended or revoked by the Commission.. I also authorize the investigation of all statements given in this application, including contacting referees for reference verification.

Print or type name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn and subscribed to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

*Seal of Justice of the Peace or Notary*