



# Casino Employee/Casino Key Employee Licence Application Form Guidance Notes

## IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING AND SUBMITTING ANY APPLICATION

Applications must be completed in English and sent to the National Gaming and Casino Supervision Commission (the Commission).

To be eligible to apply for either a Casino Employee or Casino Key Employee licence you must either have a contract of employment with or an offer of employment from the Integrated Casino Resort operator. Applications received from individuals who do not meet these criteria will not be accepted and you could lose your application fee.

A licence will not be granted if

- you have been convicted of a felony (serious crime punishable by imprisonment in that jurisdiction of more than one year) which occurred within the past ten year period (from date of application) in any jurisdiction
- you are currently being criminally prosecuted, or you have pending charges for a felony in any jurisdiction in the past ten year period (from date of application).
- you are barred from any casino in any jurisdiction in the past ten year period (from date of application) by an exclusion order.

If you have any queries regarding the above please contact the Commission.

### Who should complete this application form?

You must apply for either a **casino employee or key casino employee licence**, as applicable, if you undertake or are to undertake any of the following roles, responsibilities or functions (regardless of your actual job title)

**Casino employee licence** - you must apply for a casino employee licence if you are employed or due to be employed in the operation of the casino. This includes without limitation:

- dealers or croupiers
- machine mechanics
- security employees
- accounting staff
- collections personnel
- surveillance personnel
- personnel that its duties require or authorise access to restricted casino areas.

If you have any queries as to whether any role/duties require a casino employee licence then please contact the

Commission before completing the application form.

**Casino Key Employee licence** – you must apply for a casino key employee licence if you are employed or due to be employed by the casino operator in a supervisory capacity or empowered to make discretionary decisions which regulate the casino operation. This includes;

- pit bosses
- shift bosses
- cashier supervisors
- casino managers
- assistant managers
- managers and supervisors of casino security employees
- any role empowered to make discretionary decisions

You should also apply for a casino key employee licence if your role means you are responsible for:

- Overall strategy and delivery of gambling
- Financial planning, control and budgeting;
- Marketing and commercial development;
- Regulatory compliance;
- Gambling related IT provision and security;
- Money Laundering
- You are a major investor or partner in the casino (please contact the Commission if you have any queries)

### General information

This guidance has been written to help you complete the Casino Employee/Casino Key Employee Licence Application Form. Please read this document carefully **before** you attempt to answer any questions. Please note some questions will only be relevant for Casino Key Employee Applicants.

You should also note that parts of the form need to be completed by your employer and where applicable a lawyer.

You will be required to provide supporting documentation/evidence with your application and/or to provide certified copies if applicable.

If there are **any changes** to your circumstances or if any of the information contained within this application changes during the period between submitting your application and your application being determined (for example, if your employment is terminated or you are charged with or convicted of an offence) you **must** notify the Commission immediately by telephone or email.

Your application **will not be considered** unless all relevant questions have been completed and the application fee has been paid in full. Where required an Investigation fee must also be paid at the time of application.

Failure to provide **all** relevant information, documentation or assurances or to provide further information when requested by the Commission may result in your application being determined based on the information available at the time which may affect the outcome of your application, including whether a licence can be granted.

Failure to reveal any material fact or supply of information which is un-true or misleading will result in the refusal of your application.

Should you be granted a licence and the Commission later discovers that you have relied on false or misleading information to obtain that licence your licence will be revoked.

### What the Commission expects from applicants for licences

The Commission expects applicants for licences to:

- be able to demonstrate that they can meet the Commission's suitability assessment;
- ensure that the activities they plan to carry out will be conducted in a manner which minimises the risks to the licensing objectives;
- work with the Commission in an open and cooperative way; and
- disclose to the Commission anything which we would reasonably expect to know.

### How is your application assessed?

The Commission will take a number of factors into consideration whilst processing your application. Your application will be assessed against five basic areas:

- **Identity** – The identity of the applicant will be established and verified using appropriate official documentation. The Commission also asks for a current photograph of the applicant and will check that this is consistent with any photographs on any identity documents.
- **Finances** – The past and present financial circumstances of the applicant will be investigated to ensure that the licensing objectives will not be put at risk. Where a casino key employee is also providing funding for the Casino business the Commission will want to be assured as to the integrity and source of such funds.
- **Integrity** – The integrity of the applicant will be assessed using a variety of means. The Commission will consider whether the information it collects raises any concerns about integrity. This includes an assessment of an applicant's criminal record and any past involvement in civil or regulatory investigations or proceedings. We will also consider the manner by which the applicant has conducted themselves with specific regard to the provision of gambling in other jurisdictions. The Commission will also consider the evidence and findings of any complaints about the applicant and/or investigations by other regulators. Applicants who have held a licence(s) in another jurisdiction are as part of the documentation to be submitted with the application form, required to provide a letter of conduct from the jurisdiction dated within sixty days of the application.
- **Competence** – The experience, expertise, and qualifications of the applicant will be taken into consideration when rating their overall competence to hold a licence and minimise the risks to the licensing objectives. The Commission will require assurances that references have or will be taken up and may review those references. It may review the CVs of the applicant to assess their work experience and the training they have received which demonstrates their competence to carry out the role required of them. Where the applicant is new to the gambling industry the Commission will seek assurance as to what suitable training or briefing in gambling regulation is planned.
- **Criminality** – Any prior offences committed by the applicant will be taken into account when assessing an application. If the applicant has been convicted of a felony (serious crime punishable by imprisonment in that jurisdiction of more than one year) which occurred within the past ten year period in any jurisdiction the licence will not be granted. Likewise, if the applicant is currently being prosecuted or has any pending charges for a felony in any jurisdiction in the past ten year period the application will be refused. For all other previous offences each case will be considered on its individual merits, and consideration will be given to the seriousness, relevance and date of the conviction. In evaluating the seriousness and relevance of an offence, the Commission's assessment will focus on whether the conviction has a potential bearing on suitability to hold a licence and will have regard to the public interest and the importance of upholding proper standards of conduct and competence by licensees.

Each of the above factors will be assessed using both the information provided as part of the application and information available from other sources (e.g. government departments, overseas regulators, open source checks).

**For every application, the Commission has the power to:**

- Grant a licence;
- Limit the scope of licensed activities that can be carried out in accordance with a licence;
- Attach conditions to the licence; or
- Refuse a licence where there are reasons to do so.

**What the Commission expects from licensees:**

The Commission expects licensees to conduct themselves in a way that does not put the licensing objectives at risk. It also expects those holding licences to:

- Conduct all their business lawfully;
- Conduct all their business with integrity;
- Act with due care, skill and diligence;
- Maintain adequate financial resources;
- Have due regard to the interests of customers and treat them fairly;
- Have due regard to the information needs of customers and communicate with them in a way that is clear, not misleading, and allows them to make a properly informed judgement about whether to gamble;
- Manage conflicts of interest fairly;

- Work with the Commission in an open and cooperative way; and
- Disclose to the Commission anything which we would reasonably expect to know.

### Completion of the form

- Please write clearly within the boxes.
- Use **CAPITAL LETTERS** except when signing or providing an email address.
- Leave a space between words.
- Mark with a cross (X) where a cross box answer is required. Please note the cross box will always be to the right of the relevant text.

<b>Street</b>	<b>Postcode</b>	<b>Date of birth</b>
	1 0 7 6	D 1 4 D 0 M 2 1 Y Y Y 7 Y 0 Y

**Email address**

E l e n a . a n t o n i o

@ a o l . c o m

#### Cross (X) box

Yes - please complete the following details



No - Please continue to the next question



- If you make a mistake, please fill in the box in solid black and write the correction clearly to the right.
- If there is no space to the right, write the correction as close as possible.

#### Last name

A N T █ O N I O U

- Do not use correction fluid.
- Do not write over the edge of the boxes.
- Do not staple attachments to the form.

If there is not enough space on the form to answer the questions, please provide the additional information on a separate A4 sheet. Please include your name and the relevant question number and ensure you sign and date any additional sheets.

- Copies of all of our application forms and guidance notes can be downloaded from our website or from the Commission
- If you have any queries, please check our website or email [info@cgc.org.cy](mailto:info@cgc.org.cy)

Please return your completed application to:  
**National Gaming and Casino Supervision Commission,**  
**Second Floor, Office no 2**  
**Filiou Zannetou 2,**  
**3021 Limassol**

## Section 1. Applicant Details

### Question 1

1. Please provide your full name.

Title

M I S S

First name(s)

E L E N A

Last name

A N T O N I O U

Please provide your full name as stated on your official identity documents e.g. passport, birth certificate etc.

## Section 2. Contact Details

### Question 2

2. Please provide your address and contact details. Please note, all future correspondence relating to this application and the licence (if granted) will be directed to this address. The address provided in this section MUST be in the Republic of Cyprus..If you currently live outside the Republic of Cyprus please provide your current address under question 3 and an alternative correspondence address in the Republic of Cyprus.

Address line 1

A H O U S E

Address line 2

A S T R E E T

Town/city

A C I T Y

Postcode

1 0 7 6

Date from

0 1 0 3 2 0 1 3

Occupancy status eg homeowner, tenant, correspondence, etc.

H O M E O W N E R

Home number (country code, area code & number)

+ 3 5 7 3 4 5 6 7 8 9 0 0

Work number (country code, area code & number)

+ 3 5 7 3 4 5 6 7 8 9 9 0

Mobile number (country code, area code & number)

+ 3 5 7 9 1 2 3 4 5 6 7 8

Email address

E l e n a . a n t i n i o u

@ a o l . c o m

Please provide your current address and contact details in the Republic of Cyprus. If you currently live outside the Republic of Cyprus please provide a correspondence address here. Please note, all future correspondence relating to this application and the licence (if granted) will be sent here.

Please indicate the date from which you have lived at your current address and your occupancy status eg homeowner, tenant, etc. If you currently live outside the Republic of Cyprus and have provided a correspondence address, please provide the date you are completing the application form in the Date from box and state 'correspondence' in the Occupancy status box.

## Section 3. Address History

### Question 3

3. Have you lived at any other addresses within the last ten years? (Please provide a full ten year address history leaving no gap within the timeline.)

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

No - please continue to question 4

3a. Address line 1

A N O T H E R   H O U S E

Address line 2

A N O T H E R   S T R E E T

Town/city

A N O T H E R   C I T Y

Postcode/zip code

1 0 7 6

Country

C Y P R U S

Date from

0 9 1 0 2 0 0 9

Date to

0 1 0 3 2 0 1 3

Please provide details of all your previous addresses in the last ten years in chronological order, ensuring there are NO gaps within the timeline. If you currently live outside the Republic of Cyprus, you **must** provide your current address here along with any previous addresses you have lived at in the last ten years.

## Section 4. Identity Details

### Question 4

4. Please provide the following personal details.

Gender: Male

Female

Date of birth

3 0 0 7 1 9 6 6

National Insurance Number or Identity Number

A B 1 2 3 4 5 6 C

Nationality

C Y P R I O T

If you are not a Cypriot citizen please confirm the number of years you have lived in Cyprus

Mother's maiden or family name

J O N E S

Please provide all the requested information including your date of birth and National or Social Insurance Number or Identity Number.

### Question 5

5. Have you ever been known by another name (including name changes and aliases)?

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

No - please continue to question 6

5a. Previous full name(s)

Date from

D D M M Y Y Y Y

Date to

D D M M Y Y Y Y

Please indicate whether you have ever been known by any other names and provide details of all those names here. If you require additional space, please use a continuation sheet.

### Question 6

6. Please provide details of your place of birth.

Town/city

A C I T Y

County/district

A C O U N T Y

Country

C Y P R U S

C Y P R I O T

Please provide details of your place of birth.

**Question 7**

7. Do you have a current full or provisional driving licence?

Yes - please complete the following details (use a continuation sheet if necessary)  No - please continue to question 8

Driving Licence Number

A B C D E 1 2 3 4 5 6 R 9 9 Z L

Date of issue

3 1 0 3 1 9 8 7

Country of issue

E N G L A N D

Please provide details of your current full or provisional driving licence. If you have more than one driving licence please use a continuation sheet and ensure you provide all the information requested within question 7.

**Question 8**

8. Do you have a valid passport?

Yes - please complete the following details (use a continuation sheet if necessary)  No - please continue to question 9

Passport Number

1 2 3 4 5 6 7 8 9

Date of issue

0 8 0 9 2 0 1 2

Country of issue

C Y P R U S

Please provide details of your valid passport. If you have more than one passport please use a continuation sheet and ensure you provide all the information requested within question 8.

**Question 9**

9. Do you have a spouse or civil partner?

Yes - please complete the following details  No - please continue to question 10

First name(s)

P H I L L I P O S

Last name

Previous last name (if applicable)

Date of birth

0 2 0 2 1 9 7 0

Current address

Please select the relevant cross box to indicate whether you have a spouse or civil partner. If yes, please provide their details in the space provided.

**Section 5. Identity Verification**

**Question 10**

This section must be completed by all applicants.

10. Please indicate how you wish to confirm your identity.

I wish for my identity to be confirmed by a lawyer authorised to practice in Cyprus (please note certified copies (signed and dated) must be provided with the application).

I wish for my identity to be confirmed by the Commission (original identity documents must be submitted with the application. Please note, all documents will be returned by the same method as originally posted).

Please select the relevant cross box to indicate how you wish to confirm your identity.

Where you wish to have your identity confirmed by a lawyer you must use one that is authorised to practice in the Republic of Cyprus. The lawyer needs to complete this section of the form as applicable and they **must** see the appropriate original documents from page 9. The lawyer needs to make colour copies of the original documents presented to him and relied on to confirm identity. The lawyer then must, certify any images in them to be a true likeness of the applicant and certify the copies to be true copies of the originals. The certified copies need to be submitted with the application form and the lawyer should retain a copy.

Where you wish to have your identity confirmed by the Commission then appropriate original documents must be provided from the list below.

Please note, if you are providing identification documents which are not in English or Greek, you **must** provide English or Greek translations and these **must** be certified as true translations.

**Question 10 (continued)**

Where you wish to have your identity confirmed by the Commission but you are unable to provide original identification documents, you may provide certified photocopies. However, the Commission will **only** accept colour photocopies certified by the following individuals:

For individuals who live in the Republic of Cyprus

- A lawyer authorised to practice in the Republic of Cyprus, a judge or court official or Certifying Officer.
- A Chartered Accountant authorised to practice in the Republic of Cyprus.

For individuals who live overseas:

- A practicing lawyer or overseas equivalent.
- A Certified Public Accountant or Chartered Accountant.

Please note, **all** certified photocopies must be stamped, and signed and dated by the individual who has seen the original identity documents and who is confirming that the copies are true.

If you are providing identification documents which are not in English or Greek , you **must** provide English or Greek translations and these **must** be certified as true translations.

In **all** instances, the individual confirming your identity or certifying photocopies must provide their full name, job title and the name and address of the organisation they work for.

c. Document seen  
D R I V I N G L I C E N C E

Document reference number: A B C D E 1 2 3 4 5 6 R 9 9 Z L

Document date of issue: 3 0 0 7 1 9 8 6

If your identity is being confirmed by a lawyer, they must provide all requested information for the identification documents they have seen. Please note they must list THREE acceptable identification documents, please refer to the list of acceptable identification documents on page 9.

First name(s): J A N E T

Last name: S M I T H

Position in organisation: P A R T N E R

Signed: Janet Smith

Date: 0 4 1 2 2 0 1 3

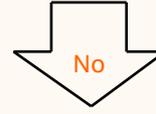
The individual **must** sign and complete this section to confirm they have seen the identification documents listed above.

## Question 10 (continued)

Can you produce any documents from Group 1?



3 documents must be seen  
at least one document from  
Group 1 plus any two from 1, 2a,  
or 2b



Please contact the  
Commission for further details

### Group 1 Documents

- Valid Passport - any nationality
- Valid photocard driving licence
- National identity card

### Group 2a Documents

- Birth Certificate
- Marriage/Civil Partnership Certificate
- Adoption Certificate
- Military ID Card

### Group 2b Documents

- Mortgage Statement \*\*
- Bank/Building Society Statement \*
- Credit Card Statement \*
- Work Permit/Visa \*\*
- Utility Bill \* (Not including mobile telephone bills)

### Please Note:

\* Documentation should be less than three months old.

\*\* Documentation should be issued within past 12 months.

All documents must be in your current name (marriage certificate excepted). At least one document must show your current address and at least one document must show your date of birth.

## Section 6. Cyprus Integrated Casino Resort Operator Declaration

### Question 11a and 11b

An officer of the Integrated Casino Resort operator should sign the declaration at 11a or 11b as appropriate depending on whether references have been taken up or have yet to be taken up. The declaration must be signed by the Head of HR or equivalent or a person agreed by the Commission.

Where references have not been taken up they must be taken up within three months of the employment of the applicant and the employer needs to confirm to the Commission that they have not raised any cause for concern.

In signing either of the declarations at 11a or 11b the Integrated Casino Resort Operator is confirming that they have undertaken due diligence as to the suitability of the applicant to be licensed and to undertake the role specified in the application form including their competence to do so. For applicants new to the gambling industry that they are expected to be competent following appropriate training.

Should the applicant's employment be terminated, or any offer of employment withdrawn, or should the Integrated Resort Operator receive any information to suggest or believe at any time that the applicant may no longer be suitable to hold a licence then the Commission **must** be notified immediately.

## Section 7. Licence Application

### Question 12 – Casino Employee Licence

Please read the description of a Casino Employee Licence on page one. Please select the relevant cross box to indicate the role you will be undertaking. If your role is not specified but you consider that you still require a Casino Employee Licence then please tick the other box and provide a brief description of your role.

If you are unsure or have any other queries then please contact the Commission.

### Question 13 – Casino Key Employee Licence

Please read the description of a Casino Key Employee Licence on page two. Please select the relevant cross box to indicate the main management function you are responsible for or the manager/supervisor/officer role you will be performing. If your role is not specified but you consider that you still require a Casino Key Employee Licence then please tick the other box and provide a brief description of your role.

If you are a major investor, owner or partner in the Casino please also provide the equity percentage in the space provided.

## Section 8. Licence Details

### Questions 14–15

These questions relate to gambling licences pending or held in any and **all** jurisdictions. Please note, in addition to the information below, you are required to provide copies of **all** licences, permits, or authorisations as part of this application. Where a copy cannot be provided an explanation must be given as to why it cannot be produced.

14. Do you currently hold, or have any applications pending for, or have you previously held any gambling related licences, permits or authorisations?

Yes – please complete the following details and continue to question 15 (use a continuation sheet if necessary)

No – please continue to question 16

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

Name of issuing body

Type of licence held

Licence number

Country

Date application was made

Date licence was issued

Date licence ended




Reason why the licence or permit is no longer held (if applicable).




15. Have you had any disciplinary action taken against you in the last ten years in respect of the licence detailed in response to question 14?

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

No – please continue to question 16

Date of action

Details of action

Disqualified

Cancelled

Warning

Suspended

Revoked

Conditions/restrictions attached

Reviewed

Other (please specify below)

Please provide details of the circumstances surrounding the disciplinary action, including the outcome and any additional information below. Please use a continuation sheet if necessary.




Please provide details of any gambling licence, permit, or authorisation you have held or applied for, ensuring you provide all the information requested. If an application is still pending, please provide the date the application was made. If the licence is no longer held, please provide the date the licence ended and the reason for it ending, such as, surrendered, revoked etc.

If you currently hold, have applied for, or have previously held more than one licence, approval, etc. please use a continuations sheet and ensure you provide all the information requested within question 16 for each licence, approval, etc.

For each licence, permit, or authorisation detailed in response to question 14, please indicate whether you have had any disciplinary action taken against you in respect of these in the last ten years.

Please provide full details of the circumstances surrounding the disciplinary action, any reference number (if known), details of the outcome and any penalties, restrictions, or conditions imposed including any timescales involved. Where any conditions or restrictions have been imposed please provide the exact wording of the conditions/restrictions. Please provide as much detail as possible and use a continuation sheet if necessary.

If you have had disciplinary action taken against you for more than one licence, permit, or authorisation, please use a continuation sheet and ensure you provide all the information requested within question 15 for each licence, permit or authorisation.

## Questions 16-17

These questions relate to non-gambling related licences, approvals, authorisations, or registrations held.

**16. In the last ten years (excluding your driving licence and any gambling related licences, permits or authorisation) have you ever applied for or held any other licence, approval, authorisation or registration in connection with your employment?**

Yes - please complete the following details

(use a continuation sheet if necessary)

No - please continue to question 18

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

Name of issuing body

Type of licence held

Licence number

Country

Date application was made

Date licence was issued

Date licence ended

Reason why the licence or permit is no longer held (if applicable).


Please provide details of any licence, approval, authorisation, or registration you have held, or applied for, in connection with your employment, ensuring you provide all the information requested.

If an application is still pending please provide the date the application was made. If the licence is no longer held please provide the date the licence ended and the reason for it ending, such as, surrendered, revoked etc.

If you currently hold, have applied for, or have previously held more than one licence, approval, etc. please use a continuations sheet and ensure you provide all the information requested within question 16 for each licence, approval, etc.

**17. Have you had any disciplinary action taken against you in the last five years in respect of the licence detailed in response to question 16?**

Yes - please complete the following details

(use a continuation sheet if necessary)

No - please continue to question 18

Date of action

Details of action

Disqualified

Cancelled

Warning

Suspended

Revoked

Conditions/restrictions attached

Reviewed

Other (please specify below)

Please provide details of the circumstances surrounding the disciplinary action, including the outcome and any additional information below. Please use a continuation sheet if necessary.


For each licence, approval, authorisation, or registration detailed in response to question 16, please indicate whether you have had any disciplinary action taken against you in respect of these in the last five years.

Please provide full details of the circumstances surrounding the disciplinary action, any reference number (if known), details of the outcome and any penalties, restrictions, or conditions imposed. Where any conditions or restrictions have been imposed please provide the exact wording of the conditions/restrictions. Please provide as much detail as possible and use a continuation sheet if necessary.

If you have had disciplinary action taken against you for more than one licence, approval, etc. please use a continuation sheet and ensure you provide all the information requested within question 17 for each licence, approval, authorisation, or registration.











**Questions 30-**

**30. Are you now or have you previously been a member of any professional body (Accountants, Law Society, etc.)?**

Yes - please complete the following details (use a continuation sheet if necessary)  No - please continue to question 32

Name of professional body

A C C A

Membership number

1 2 3 4 5 6 7 8 9

3 0 0 6 1 9 9 2 D D M M Y Y Y Y

Please indicate whether you currently are, or you have previously been, a member of any professional body. Please provide the name of the body, your membership number and the length of time you have been/were a member.

**31. Have you had any action taken against you in the last five years by the professional body detailed in response to question 30?**

Yes - please complete the following details (use a continuation sheet if necessary)  No - please continue to question 32

Date of action

D D M M Y Y Y Y

Please provide details of the circumstances surrounding the action, including the outcome and any additional information below. Please use a continuation sheet if necessary.

Please indicate whether you have ever had any action taken against you by the professional body detailed in response to question 30. If so, please provide as much detail as possible regarding the circumstances surrounding the action and any additional information. If you require additional space please use a continuation sheet.

**Question 32**

**32. Have you ever had any gambling related licences, permits, or authorisation, or any OTHER type of licence, approval, authorisation or registration application connected with your employment refused (excluding driving licence)?**

Yes - please complete the following details (use a continuation sheet if necessary)  No - please continue to question 33

Please provide details of the application, the jurisdiction/regulator, reason for refusal and any additional information below. Please use a continuation sheet if necessary.

Please indicate whether you have ever had any gambling related licences, permits, or authorisations, or any other type of licence, approval, authorisation or registration application connected with your employment refused. Please provide full details of the application, the name of the jurisdiction/regulator the application was submitted to, and the reason for refusal. Please provide as much detail as possible and use a continuation sheet if necessary.

**Question 33**

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

Yes - please complete the following details (use a continuation sheet if necessary)  No - please continue to question 34

Date of disqualification Registration number of company

D D M M Y Y Y Y

Company name

Country of disqualification

Please provide the reason for disqualification and any additional information below. Please use a continuation sheet if necessary.

Please indicate whether you have ever been disqualified from acting as a company director. If yes, please provide as much detail as possible, including the company name, registration number, any conditions or restrictions imposed, the length of time you were/are disqualified for, the amount paid to the Secretary of State or Official Receiver and the reason for the disqualification. Please use a continuation sheet if necessary.



## Section 15. Enclosures

This section details all of the enclosures that must be provided so that the Commission can process your application. We require **all** of this information to process your application. If you fail to provide this information or do not provide additional information when requested, 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 outcome.

Please select the relevant cross boxes to indicate which fees/documents have been enclosed with the application. Please note that some documents apply to Casino Key Employee applicants only. Failure to provide the required documents or to provide further information when requested by the Commission may result in your application being determined on the based on the information available at the time which may affect the decision on whether a licence can be granted.

Exceptionally if you cannot provide all documentation at the time of application then please explain why and provide a date by which the Commission can expect to receive it. You should however be aware that where an application is incomplete it will delay any decision on the application and if the missing documentation is not received within your stated timescale the Commission is likely to refuse the application. Should that happen you will be required to reapply and pay a further application fee.

**Applicants are reminded that they may not take up any role or position where a licence is required without the appropriate licence having been granted by the Commission.**

The National Gaming and Casino Supervision Commission is a data controller under the terms of the Republic of Cyprus Processing of Personal Data (Protection of the Individual) Law 138(I) 2001 and amendments thereto, as superseded by the General Data Protection Regulation (EU 2016/679) on 25 May 2018. The information provided in this application 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. It may also be shared with other bodies where it is necessary to do so and where we are legally required or permitted to do so. This may include sharing data, when appropriate, with relevant public authorities, overseas regulators, law enforcement agencies. Sharing data is primarily for the purpose of performing our regulatory functions such as assessing the suitability of individuals and organisations to be licensed but it may also be necessary to share information for the prevention and detection of crime or for the processing and collection of casino tax and enforcement of the Law Regulating the Establishment, Operation, Function, Supervision and Control of Casinos and Related Matters of 2015, the Casino Operations and Control (General) Regulations of 2016, the Prevention and Suppression of Money Laundering Activities and Terrorist Financing Law of 2007 and the licence terms and conditions contained in licences issued by the Commission.

## Photograph Identification Form

- All Casino Employee and Casino Key Employee licence applications **must** be accompanied by a completed Photograph Identification Form.
- The Photograph Identification Form **must** be signed by both the applicant and the individual verifying the photograph.
- The individual verifying the photograph **must** be your employer/prospective employer
- A recent colour passport sized photo of the applicant **must** be attached to the Photograph Identification Form.
- The passport sized photograph **must**:
  - Be taken within the last month;
  - Be 45mm high x 35mm wide (do not trim your photograph to meet this condition);
  - Be taken against an off-white, cream, or light grey plain background so that your features are clearly distinguishable against the background;
  - Be printed on low gloss, plain white, photo quality paper (with no watermarks, embossing or printing on the back);
  - Be free from copyright (for example do not send school photographs as these are produced under copyright);
  - Be undamaged (for example from creases or paperclips);
  - Be of you on your own (for example no other people or background objects present);
  - Be a close-up of your head and shoulders so that your head, from the bottom of your chin to the top of your head is between 29mm and 34mm high, and your eyes are in approximately the centre of the photo;
  - Be clear of writing on the front;
  - Be in sharp focus and clear;
  - Have a strong definition between the face and background;
  - Be printed professionally;
  - Not show any shadows;
  - Show you facing forward looking straight towards the camera;
  - Show a neutral expression with your mouth closed;
  - Show your eyes open and clearly visible (no sunglasses or heavily tinted glasses and no hair across the eyes);
  - Show no reflection or glare on your glasses and the frames should not cover the eyes;
  - Show your full head, without any head covering, unless worn for religious or medical reasons;
  - Show nothing covering your face.

The applicant must provide their full name below and then sign and date the form.

First name(s) of applicant

Last name of applicant

Signature of applicant

Date

D	D	M	M	Y	Y	Y	Y
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The applicant must provide their full name and then sign and date the form.

The individual who is verifying the attached photograph must provide their full name below and then sign and date the confirmation.

- I confirm that the photograph attached below is a true likeness of the individual named above.

First name(s) of individual verifying the photograph

Last name of individual verifying the photograph

Signature of individual verifying the photograph

Date

D	D	M	M	Y	Y	Y	Y
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The individual who is verifying the attached photograph must provide their full name and then sign and date the form.