

# Casino Employee/Casino Key Employee Licence Application Form

- This form is for applications for a Casino Employee or Casino Key Employee Licence.
- Please read the Casino Employee/Casino Key Employee Licence Application Form Guidance Notes before completing this application form.
- This form must be completed in English. Please write clearly within the boxes, leave a space in between words and use CAPITAL LETTERS, except when signing or providing an email address.
- Mark with a cross (X) where a cross box answer is required.
- If you make a mistake, please fill in the box and write the correction as near to the mistake as possible. **Do not** use correction fluid.
- If there are **any** changes to your circumstances, or if **any** of the information contained within this form changes during the period between submitting your application and your application being determined, you **must** notify the Commission immediately. Failure to do so could result in your application being delayed or cause the decision on your licence to be reviewed.
- Your application will not be considered unless all relevant questions have been completed and the application and investigation fees (as required) have been paid. Failure to provide the relevant information 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.

tle																												
st r	name	(s)																										
st r	ame																											
									_																			
	ION										-1	lat.	ila.	Die				.11.4						1000		na la		
	ase p																											
	be i																											
	de yo																											!
	blic o								,											-								
vddi	ess I	ine 1																										
luul																												
ddi	ess li	no î	<u> </u>																									
aui	E35 II	He Z	-																									
ow	1/city	•																										
																											T	
ost	code/	zip	cod	e																								
ost	code/	zip	cod	e																								
	code/		cod	e				Occ	l	ancy	/ sta	atus	s e.g	g. ho	ome	owr	ner,	ten	ant	, co	rres	por	nder	nce,	, etc	C.		
ate			code	e Y	Y	Y		Occ	upa	ancy	/ Sta	atus	s e.g	g. ho	ome	owr	ner,	ten	ant	, co	rres	por	nder	nce,	, etc	<b>2</b> -		
Date	from	M	Y	Y	Y cry (	Y	] e, a																				num	bei
)ate	from	M	Y	Y	Y	Y	] e, a																				num	bei
Date D Hom	from	M	Y (co	Y				rea	cod	e &	nur	mbe			Wor												num	bei
Date D Hom Hobi	from D M e nur	M	Y (co	Y				rea	cod	e &	nur	mbe			Wor												num	be
Date Hom Hobi	from  Me nur	M	Y (co	Y				rea	cod	e &	nur	mbe			Wor												num	bei
Date Hom Hobi	from D M e nur	M	Y (co	Y				rea	cod	e &	nur	mbe			Wor												num	bei
Date D Hom H Mobi	from  Me nur	M	Y (co	Y				rea	cod	e &	nur	mbe			Wor												num	bei

## Section 3. Address History

										ving		ails		X		No	o – I	plea	se (	con	tinu	e to	qu	esti	on	4		X		
IS	e a	CO	nti	nu	atio	n sl	1ee	t if	nec	essa	ry)																			
a .	٩d	dre	SS	lin	e 1																									
do	lre	SS	line	e 2																										
ΟV	/n/	cit	y																											
			Ť																											
25	tcc	nde	/zi	n (	ode	2				Cou	ntry	,																		
				Ρ '	Joak	_					10. 7				П															
at	e f	ror	n							Occ	<u> </u> una	ncv	/ sta	atus	<u> </u>	hc	nme	- OWI	ner	ter	ant		rres	noi	nde	nce	eto	$\perp$		
	D			M	V	V	V	V	1		ара	iiicy	300	lus	<u>c.g</u>		71110	.000	101,	ter	laric	, со		рог	iac	i icc,				
Or					(60	unt	rv c	ode	] - 21	ea c	ode	8.	nun	nher	-)		Nor	k ni	ımk	oer	(COL	ıntr	/ (0	da	are	2 ((	nde	& n	um	he
+	iic.	Tiu	Τ	JCI	(00	unt	ı y C	.out	ξ, αι 	Cac	Juc	Q	ilui		,	Ì	+	K III	AIIIK	)CI	(00	iiici	, со	ue,	arc	acc	Jue	Q II	um	DC
	ilo	- DIII	no b	0.5	(6011	ntr		40		code	. 0 .	211100	bor			l	Т													
	me	nu	Т	er	(Cou	ritry	COC	Je,	area T	code	2 00 1	lum	bei	<i>)</i>																
+		<u> </u>	_																											
ma	il a	<u>ıdd</u>	<u>res</u>	S																										
_																														
<b>a</b>																														
3 b	. A	<u>ddr</u>	ess	lir	ie 1																								T	
۸ d	dre	255	line	2 2																								_	_	
10	are																													T
Tο	wn	/cit	V																											
. ~			/										Т						Т											T
		ode	/zi	n c	ode	<u> </u>				Cou	ntrv	,																_	_	
<b>ი</b>	stc		,	-	1																						Т		Т	T
00	stc												- 1																	
		fror	n							Dat	e to																			

S	ec	tic	on	3.	(cc	ont	in	ue	d)																										
30	c. /	٩d٥	dre	ss li	ne	1																													
A	dd	res	s li	ne 2	2																														
ı																																			
Ţ	ow	n/	city																																
ı																																			
Po	ost	co	de/	zip	CO	de						Coı	unt	ry																					
ı																																			
D	ate	fr	om									Dat	e t	0																					
ı	)		N	1 1	Л	Υ	Υ	Υ	' )	Y		D	D	) [	М	M	Υ	Υ	,	Y	Υ														
_																						ı													
3d	. A	dd	res	s lir	ne 1	l																													
					Ī	Т									Т														Τ			$\Box$			
٩d	dre	255	lin	e 2															<u> </u>										_						
	Ī			Ī	Т	Т			П						Т														Т			$\Box$			
Γον	wn	/ci	tv																										_						
	T	<i>,</i> c.	- /	П	Т	Т									Τ	T													Т			$\Box$		$\Box$	
200	sto	od	e/z	ip c	ode	<u> </u>						Cou	ıntr	v															_						
		0 0.	<u> </u>	.,,											Τ				П										Т			$\Box$			$\neg$
_			_	<u> </u>	_	_		_			-	_	_					_	<u> </u>				_						_						
) a.	to ·	fro	m								Г	ate	to																						
D		D	М	М	T	/ ,	Y	Υ	Y	7		D	D	М	IV	1	Υ	Υ	Y	. ,	Y														
			IVI	IVI	<u> </u>				Ľ	_	L			IVI	IV				<u> </u>																
~	41	0 r		Id	0.10	e i e	, ,	Dos	ai	<u> </u>																									
									tail owi		no	rco	na	Lda	to il	l c																			
			se t				e i		JWI 7				IIa	ue	Lan	13. 7																			
en	de	r:		N	1ale	е		Z		F	em	ale			X																				
at	e o	f k	oirth	1						N	lati	ona	l or	So	cial	In	sur	anc	e N	lun	ıbe	r or	Ide	entit	y N	umb	er								
D	D	ı	И	М	Υ	Υ	Υ	Υ																Τ							$\top$		7		
lati	ion	ali	tv						_	L																									
ul	.01	I	Су													Τ													T						
							_									<u></u>																	_		
yo	ou	are	e no	ot a	Су	pric	t c	itiz	en	ple	ase	co	nfii	m	the	nu	mb	er (	of y	eai	rs y	ou	hav	e liv	ed i	n C	/pru	S							
									am																					_					
101	116	1 3	1110	inde		ı ıa	1111	19 11	ann							Т								T					Т						
															1																				

			ation					,,																			
a. Pi	revio	us f	ull na	me(s	)																				Τ	Τ	Τ
ate	from	1					Date								ı												
D [	) M	M	Υ	YY	Υ		D	D	M	M	Y	Y	Υ	Υ													
<b>b.</b> P	revic	us f	ull na	me(s	)																						
ate	from						Date	e to																			
D [	) M	М	Υ	YY	Υ		D	D	М	М	Υ	Υ	Υ	Υ													
. Р	leas	e pr	ovide	deta	ails	of y	/oui	pla	ace	of	birt	h.															
own	/city	,																									
oun	ty/d	istric	t																						1		
oun	try																										
atio	nalit	v at	birth	(if di	ffere	nt	to a	bov	e)																		
												<u> </u>												<u> </u>			
	plea	ise c	ompl	ete tl	ne fo						<u>&gt;</u>	-	No -				ntin	nue	to c	ques	tior	า 8					
	ig Li																										
rivir		SHE					Cou	ntr	v of	icc	HE																
rivir	of is			V V		1	Cou	intr	y of	iss	ue												Τ				
rivir ate			Y	YY	Y		Cou	intr	y of	iss	ue																
Do Do	of is  M  you  pleas	have	e a va	te th	e fol		rt?				ue	] N	0 -	plea	ase	con	itinu	ue t	o qı	uest	ion	9					
Do Do	of is  M  you  pleas	have	e a va	te th	e fol		rt?				ue X	] N	0 -	ple	ase	con	itinu	ue t	o qı	uest	ion	9					
Do Do	of is  M  you  pleas	have	e a va	te th	e fol		rt?				ue X	] N	lo -	plea	ase	con	itinu	ue t	o qı	uest	ion	9					
ntivir ate Do	of is  you  pleas	have se co	e a va	te th	e fol	low	rt?	det	ails	-	X	] N	0 -	plea	ase	con	itinu	ue t	o qu	uest	ion	9		×			
Do Do S	of is	have se co	e a va	te th	e fol	low	rt?	det	ails	-	X	] N	10 -	plea	ase	con	tinu	ue t	o qu	uest	ion	9		×			

9. I	Do y	ou/	hav	/e a	spe	ous	e o	r <b>ci</b>	vil p	art	ner	?																	
Yes	- please complete the following details No - please t name(s)														co	ntin	iue 1	to q	ues	tior	ı 10	)	2						
Firs	st na	ame	(s)									•																	
Las	t na	me																								'			
Pre	viοι	ıs la	ıst r	nam	e (if	ap	plic	able	e)																		_		
Dat	e o	f bir	th																										
D	D	М			Υ	Υ	Υ																						
Cui	rren	t Ac	aare	SS																								$\neg$	
_																												_	

### Section 5. Identity Verification The Commission needs to verify your identity to undertake criminal records checks and to confirm you are permitted to work in Cyprus. 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 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 refer to the guidance notes for a list of acceptable identification documents. Your application will be delayed if you submit identification documents which do not meet the requirements. Please note you MUST list THREE identification documents below. Lawyer's confirmation By signing this application I have made all necessary enquiries and I can confirm that the applicant has permission to work in Cyprus. I certify that I have witnessed and retained copies of evidence relied upon to verify the identity of the person named in this application form.

a. Document seen

Document reference number

Document seen

Document reference number

Document reference number

Document date of issue

I have seen the following original documents as valid evidence of identity of the applicant. I have made colour copies of the same and certified on the documents that the copies are true copies of the originals and that the image of the applicant in any passport or other acceptable photo identification is a true likeness of the individual for

provision with the application.

irst name(s)						ı											1					,	1		1	,
ast name																										ı
osition in or	ganisa	ntion																								l
	gamsa									Τ	Т		Т											Τ		
																										l
6: 1																										
Signed													7													
																	Date									
																Г								.,		
																	D	D	М	M	Y	Y	Y	Υ		
ection 6.	Cypri	ıc İn	tog	rate	ad (	Cac	inc	D	266	ort (	On	oroi	tor	Do	dar	ati	o n									
ection o.	Сурги	13 111	iteg	ıaı	eu (	cas	IIIC	, 17.	<b>53</b> (	יות	Opt	cia	LUI	DE	JIAI	ati	UII									
Cyprus Inte	arated	l Cas	sino	Res	ort	op	era	tor	de	clar	atio	on (	plea	ase	siaı	n ei	the	r de	cla	rati	ion	11a	a or	11	b as	
ppropriate	_					, GP						•			9-											
рргорпасс	,																									
l 1a. Please	read a	and s	sian	the	de	clar	atio	on l	hel	ow '	to d	onf	firm	tha	at tl	ne a	nnl	ica	nt (a	a) i	s er	nnl	ove	d/I	าลระ	an o
of employm																				., .	<i>.</i>	p.	0,0	, .	ius	0
									_								_									
confirm tha																										and
uitability (w ındertake dı		-				sses	ssm	ent	of	the	ır p	oter	itiai	pro	ites	sior	ial c	om	pete	enc	e or	ıce	trai	nec	l) to	
muertake ut	ities a	s an	emp	лоус	e.																					
I have no inf																				nt a	lice	enc	e to	thi	S	
applicant an	d will	imm	edia	tely	not	tify	the	Co	mn	nissi	on	if th	is c	eas	es to	o be	e the	e ca	se.							
Signed by a	n offic	er o	r Dir	ecto	or																					
Date																										
D D M	M Y	Υ	Υ	Υ																						
First name(	5)									Las	t N	ame	2													
inst name(	-)									Las	, C IN	arrie	_													7
Position in	organi	satio	n																							
							_													_						

11b. Please read and sign the declaration below to confirm that the applicant (a) is employed/has an offer of employment and (b) that references for this applicant have not at the time of application been taken up.

I confirm that:

I have undertaken all reasonable enquiries and I am satisfied as to the applicant's integrity and suitability (which may include an assessment of their potential professional competence once trained) to undertake duties as an employee.

I am in the process of taking up the applicants references and will provide confirmation that references do not raise concerns as to the applicant's integrity and suitability and have not resulted in employment or the offer of employment being terminated (Please note that consideration of references must be completed with three months).

I have no information or reason to believe why the Commission should not grant a licence at this time, and will immediately notify the Commission if this ceases to be the case.

Signed									
Date									
D D M M Y Y Y									
First name(s)	Las	t Name	<u>)</u>						
Position in organisation									

## Section 7. Licence Application

12. Casino Employee Licence.	
	d select the relevant cross box to indicate the function you with a Casino Employee Licence please continue to question 13).
Casino dealer/croupier	Accounting
Machine mechanic	Surveillance
Security employee	Cashier/Collection
Other – please specify below	
	d select the relevant cross box(es) to indicate the main e overall responsibility for (If you are not applying for a continue to question 14).
Overall strategy and delivery of gambling	g Cambling related IT provision and security
Financial planning, control and Budgeting	Major investor, owner or partner percentage equity share%
Regulatory Compliance	Other please specify
Marketing and commercial development	
	d select the relevant cross box to indicate the will be performing (if applicable) (If you are not applying for a continue to question 14).
Casino manager	Cashier supervisor
Pit boss	Shift boss
Assistant casino manager	Security manager/supervisor
Nominated officer for anti-money launde	ering
Other - please specify	

be

## Section 8 - Licence Details 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 No - please continue to question 15 (use a continuation sheet if necessary) Name in which the licence or permit is, was, or will be held Name of issuing body Type of licence held Licence number Country of issue Date application was made Date licence was issued Date licence ended Reason why licence or permit is no longer held if applicable 15. Have you had any disciplinary action taken against you in the last 10 years in respect of the licence detailed in response to question 14?

No - please continue to question 16

Date of action

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

Details of action		
Disqualified	Cancelled W	/arning
Suspended	Revoked Revoked	eviewed
Conditions/restrictions attached	Other (please specify bel	ow)
		ary action, including the outcome and ar
additional information below. Please	use a continuation sheet if neces	ssary.
16. In the last ten years (excludin or authorisation) have you ever a		gambling related licences, permits ence, approval, authorisation or
registration in connection with yo	ur employment?	
Yes – please complete the following (use a continuation sheet if necessar		inue to question 17
Name in which the licence or permit		
·		
Name of issuing body		
Type of licence held		
Licence number		
Country of issue		
Date application was made	Date licence was issued	Date licence ended
D D M M Y Y Y	D D M M Y Y	Y D D M M Y Y Y Y
Reason why licence or permit is no l	onger held if applicable	

17. Have you had any disciplinary acicence detailed in response to ques		you in the last five	years in respect of the	
es – please complete the following de (use a continuation sheet if necessary	etails No	– please continue to c	question 18	
Date of action  D D M M Y Y Y Y				
Details of action			_	
Disqualified	Cancelled	Warning	$\boxtimes$	
Suspended	Revoked	Reviewed	X	
Conditions/restrictions attached	Other (please spe	cify below)	$\boxtimes$	
Please provide details of the circumsta			including the outcome an	d an
additional information below. Please u	se a continuation sl	neet if necessary.		

Section 9. Criminality and Investigations
All current (i.e. unspent) convictions must be declared. All convictions for felony (serious) offences (see Guidance Notes which occurred within the past ten year period must also be declared. You are also required to declare any current criminal prosecutions or pending charges for a felony in the past ten year period. The declarations apply to any jurisdiction.

18. Have you ever been convicted of an offence or accepted a formal police reprimand, warning or caution? (including 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 19
Date of action
D D M M Y Y Y Y
Name of body taking action
Type of offence, reprimand, warning or caution and reference number
Please provide details of the circumstances surrounding the action, including the outcome, the location of the convicting court and country and any additional information below. Please use a continuation sheet if necessary.  19. To your knowledge, are you currently the subject of any criminal investigation? (please note that charges need not have been made)  Yes – please complete the following details  No – please continue to question 20
(use a continuation sheet if necessary)  Date of investigation  D D M M Y Y Y Y
Name of investigating body
Subject of investigation
Please provide details of the circumstances surrounding the investigation and any additional information below.
Please use a continuation sheet if necessary.

20. Have y	you ever	had a	ny civil	legal a	actio	on ta	ken	aga	inst	you	(in	cluc	ling	Со	unty	/ Co	ourt	: Ju	dge	men	ts)?	?		
Yes - plea: (use a con					ails	X	N	lo - I	oleas	e co	ontir	nue	to q	ues	tion	21			X					
Date of ac	tion																							
D D M	I M Y	Y	YY																					
Name of b	ody takir	ng lega	al action																					
Nature of	civil lega	actio	n																					
Original ar	nount at	date d	of action	(if app	olical	ble)	An	noui	nt ou	tsta	ndir	ng (i	f ap	plic	able	2)	_							
£							£																	
Please pro																				e loc	atic	n of	f the	cour
and count	ry, and a	ny add	litional i	nforma	tion	belo	w. P	leas	e use	a c	ont	inua	ition	sh	eet i	f ne	eces	sar	γ.					
																								_
Yes – pl	ease com	plete				ls	X	No	- pl	ease	e co	ntin	ue to	o qı	uest	ion	22		X					
D D	investiga M M f investig	Y	Y Y	]																				
Type of	gamblin	g activ	ity or ga	ımbling	g lice	ence,	peri	nit,	or at	ıtho	risa	tion	hel	d a	nd r	efer	enc	e n	umb	er				
	rovide d											igati	ion,	incl	udir	ng t	he c	out	com	e an	d ar	ny ao	ddit	ional
informa	tion belo	w. Ple	ase use	a conti	nuat	ion s	heet	if n	eces	sary	/													

22. Have you ever been barred from the casino or any other casino in any jurisdiction in the past ten years by an exclusion order?						
Yes – please complete the following details No - please continue to question 23						
Date of exclusion order	Date exclusion ended					
D D M M Y Y Y	D D M M Y Y Y Y					
Name of Casino						
Address line 1						
Address line 2						
Town/city						
Postcode/zip code	Country					

Individual Voluntary Agreement/Protected Trust Deed in the past ten years, or have you previously been declared bankrupt, sequestrated, etc. and have a current payment plan still in place?  Yes - please complete the following details (use a continuation sheet if necessary)  No - please continue to question 24  Please note, you are required to provide copies of all documents relating to your bankruptcy, Individual Voluntary Agreement, etc. in addition to completing the details below (see Guidance Notes).  Date of action/agreement  Date of discharge (if applicable)  Date of body/court taking action  Type of action e.g. bankruptcy, sequestration, IVA, etc.  Priginal amount at date of action (if applicable)  Amount outstanding (if applicable)  £  Please provide details of the circumstances surrounding the action, including the outcome, the location of the	been declared bankrupt, sequestrated, etc. and have a current payment plan still in place?  Yes - please complete the following details  No - please continue to question 24
Please note, you are required to provide copies of all documents relating to your bankruptcy, Individual Voluntary Agreement, etc. in addition to completing the details below (see Guidance Notes).  Date of action/agreement  Date of discharge (if applicable)  Date of body/court taking action  Type of action e.g. bankruptcy, sequestration, IVA, etc.  Driginal amount at date of action (if applicable)  £  Amount outstanding (if applicable)  £  Please provide details of the circumstances surrounding the action, including the outcome, the location of the	
Voluntary Agreement, etc. in addition to completing the details below (see Guidance Notes).  Date of action/agreement  Date of discharge (if applicable)  Amount outstanding (if applicable)  Elease provide details of the circumstances surrounding the action, including the outcome, the location of the	(use a continuation sheet if necessary)
Name of body/court taking action  Type of action e.g. bankruptcy, sequestration, IVA, etc.  Original amount at date of action (if applicable)  £  Please provide details of the circumstances surrounding the action, including the outcome, the location of the	Please note, you are required to provide copies of all documents relating to your bankruptcy, Individual Voluntary Agreement, etc. in addition to completing the details below (see Guidance Notes).
Name of body/court taking action  Type of action e.g. bankruptcy, sequestration, IVA, etc.  Original amount at date of action (if applicable)  £  Please provide details of the circumstances surrounding the action, including the outcome, the location of the	
Type of action e.g. bankruptcy, sequestration, IVA, etc.  Original amount at date of action (if applicable)  £  Please provide details of the circumstances surrounding the action, including the outcome, the location of the	
Original amount at date of action (if applicable)  £  Please provide details of the circumstances surrounding the action, including the outcome, the location of the	Name of Body, court taking action
Original amount at date of action (if applicable)  £  Please provide details of the circumstances surrounding the action, including the outcome, the location of the	Type of action a g. bankruptcy, sequestration, IVA, etc.
£	Type of action e.g. bankruptcy, sequestration, IVA, etc.
£	
Please provide details of the circumstances surrounding the action, including the outcome, the location of the	
	Please provide details of the circumstances surrounding the action, including the outcome, the location of the court and country, and any additional information below. Please use a continuation sheet if necessary.

For Casino Key Emplo	yee applicants	ONLY				
24. Please list your to Guidance Notes fo			, listin	g separately those over	r £100,000. Ple	ase refer to the
Statement of assets		£	_	Statement of liabilities		£
	Total				Total	
25. Are you in defaul	t on any of the	liabilities listed	l in res	ponse to question 24?		
Yes - please complete (use a continuation she	the following de eet if necessary)	etails	No -	please continue to ques	tion 26	X
Please provide details of a continuation sheet if		nces surroundin	g the d	efault and any additiona	l information be	elow. Please use
	-					

For Casino Key Employee applicants ONLY (see Guidance Notes) 26. In order to assess the financial aspect of your application the Commission requires the following information. Please refer to the Guidance Notes for further details. Credit reports obtained within the last sixty days. if you are providing funding for the operator then original bank statements for the past three months for all bank accounts held by you, the applicant. The statement should cover all accounts which are relevant to the funding Please note, the Commission may request additional financial information. Section 11. Competencies 27. Please provide details of your current job role, or prospective job role if you have been offered a position. Job title Role and responsibilities Date from 28. Please provide your employment history for the last 10 years, or since the age of 16 if you are 26 or under, excluding the role you have detailed in response to question 27. Please provide the information in chronological order and ensure you leave no gaps within the timeline. Please refer to the Guidance Notes for further details. In addition to providing your employment history below you are required to provide a copy of your current curriculum vitae (CV) or résumé. Please refer to the Guidance Notes for further details.

28a. Employer name and details		
Job title, main responsibilities and	reason for leaving	
Date from  D D M M Y Y Y Y	Date to	Employed within the gambling industry?  Yes  No
28b. Employer name and details		
Job title, main responsibilities and	reason for leaving	
Date from	Data to	Employed within the gambling industry?
	Date to	Employed within the gambling industry?
D D M M Y Y Y Y	D D M M Y Y Y	Yes No
28c. Employer name and details		
Job title, main responsibilities and	reason for leaving	
Date from	Date to	Employed within the gambling industry?
D D M M Y Y Y	D D M M Y Y Y	Yes No
201.5		
<b>28d.</b> Employer name and details		
lob title main responsibilities and	reason for leaving	
Job title, main responsibilities and	reason for leaving	
Date from	Date to	Employed within the gambling industry?
Date Hom	Dute to	lacksquare
D D M M Y Y Y	D D M M Y Y Y	Yes No

29. Do you have any professional qualifications relating to your current responsibilities and/or have you received any training relevant to the licensing objectives (including any training due to take place within the next three months)? Please also provide details of any gambling related training, either as part of an employer's training programme or with an education provider, trade association, etc.
Yes – please complete the following details (use a continuation sheet if necessary)  No - please continue to question 30
Professional body/training provider
Date from
Qualification/training received
30. Are you now, or have you ever been, a member of a professional body (e.g. Institute of 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
Membership number
Date from Date to
D D M M Y Y Y Y D D M M Y Y Y Y

31. Have you had any action taken against you in the last ten 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  Type of action
Please provide details of the circumstances surrounding the action, including the outcome and any additional information below. Please use a continuation sheet if necessary.
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.
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
Company name
Country of disqualification

Please provide the reason for disqualification and any additional information below. Please use a continual increasery.	tion sheet
Section 12. Other Information	
Section 12. Other information	
34. Is there any other information which you believe the 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 13	X

#### Section 13. Declaration

- a) I certify that all the statements contained in, and attached to, this application form are correct and complete in every respect and that I have attached the Photograph Identification Form and photograph/JPEG image.
- b) I understand that the Commission may conduct a criminal records check. I confirm that the information that I have provided in support of this criminal records check is complete and true and I understand that to knowingly make a false statement for this purpose is a criminal offence.
- c) I understand that the Commission may request a credit reference check and ask third parties for information of direct relevance to this application as necessary, including from appropriate authorities overseas. I give my consent to these checks being made.
- d) I understand that the Commission may require confirmation or further information from third parties in respect of any evidence or documentation I have provided in support of this application. I agree to grant authorisation for the Commission to request and receive information about me from those third parties.
- e) I understand that the Commission may charge an hourly investigation fee for applications, which in the Commission's sole discretion, require more extensive investigation.
- f) I 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.
- g) I understand that should the information provided in relation to this application form 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 my responsibility to advise the Commission immediately. Failure to do so could result in any licence subsequently issued being reviewed and possibly revoked.
- h) Should I hold a licence in any other jurisdiction and any investigation or regulatory action has commenced then this will be considered as part of the overall application assessment. It is my responsibility to advise the Commission immediately of any commencement of any action.
- i) I agree to comply with the licensing objectives, namely to keep gambling crime free, to ensure that it is fair and open and to protect children and vulnerable people from being harmed or exploited by gambling.
- j) I agree to provide authority for the Commission to obtain bank references.
- k) I certify that all documentation provided is either original or a true copy.
- l) I agree to notify the Commission should any of the information given in this application change.

By signing this declaration, I am agreeing to all of paragraphs a) to I).

First name(s)

Last name

Signed

Date

D D M M Y Y Y Y

## Section 14. Enclosures Please select the relevant cross box(es) to confirm that the required enclosures have been attached: The appropriate fee (non-refundable) €200 for Casino Employees/€500 for Casino Key Employees Investigation fee (if required) Personal identification documents or certified photocopies Confirmation from the police dated within sixty days of the application of the applicant's criminal record. Overseas police report dated within the same timescale is required if you are not a Cypriot national and/or have lived outside of the Republic of Cyprus Copies of any gambling related licences, permits, or authorisations held by the applicant within any jurisdiction Letter of conduct dated within sixty days of application from other gambling jurisdiction where licence held (casino key employee only) if applicable Copy of current curriculum vitae or résumé Original bank statements if applicable Credit reports (casino key employees only) Passport sized photograph Authorisation for Release of Information Form 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 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 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(l) 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.

## **AUTHORISATION FOR RELEASE OF INFORMATION**

Employe	without exception, both domestic and foreign, all Government departments and agencie rs, Educational Institutions, Courts, Banks, Financial and other such institutions and any rd party that may hold relevant information.
l,	
(please c	complete your name in full in capital letters)
Date of B	Sirth:
Signature	<u> </u>
receive a opinion veconsider consider	uthorise the Commission, its officers or agents to undertake such enquiries and request not obtain any and all information, including copies of any record, documentation or whether in written, electronic or any other form, that the Commission may require when ing the suitability of the individual (either in application of a licence or as a person ed by the Commission to be relevant to an application), both upon application for any and, if so granted, throughout the life of any licence.
contrary.	norisation shall supersede and countermand any previous request or authorisation to the A photocopy or electronic version of this authorisation will be considered as effective alid as the original.
Date:	