

THE CASINO GAMING ACT

The Casino Gaming (Applications Relating to Licences) Regulations, 2015

In exercise of the power conferred upon the Casino Gaming Commission by section 72 of the Casino Gaming Act, and with the approval of the Minister, the following Regulations are hereby made:

PART I. *Preliminary*

- Short title.** 1. These Regulations may be cited as the Casino Gaming (Applications Relating to Licences) Regulations, 2015.
- Interpretation.** 2. In these Regulations –
- “applicant” in relation to –
- (a) Part II, means an applicant for a casino gaming licence or temporary casino gaming licence;
 - (b) Part III, means an applicant for an authorization from the Minister for a temporary casino gaming licence;
 - (c) Part IV, means an applicant for the variation of casino gaming licence;
 - (d) Part V, means an applicant for the continuation of a casino gaming licence;
- “Business Entity Disclosure Form” means the form so titled and set out in the Fifth Schedule;
- Fifth Schedule.** “International Association of Gaming Regulators” means that association of representatives of gaming regulatory, organizations which is incorporated as a non-profit corporation under the laws of the state of Nevada, United States of America;
- “Jamaican Supplemental Business Entity Form” means the form so

- Sixth Schedule.** titled as a supplement to the Multi Jurisdictional Business Form and set out in the Sixth Schedule;
- “the Jamaican Supplemental to the Multi Jurisdictional Personal History Disclosure Form” means the form so titled and set out in the Ninth Schedule;
- Ninth Schedule.** “Multi Jurisdictional Business Form” means the form so titled and adopted by the International Association of Gaming Regulators and as amended from time to time;
- “Multi Jurisdictional Personal History Disclosure Form” means the form so titled and adopted by the International Association of Gaming Regulators and as amended from time to time;
- Eighth Schedule.** “Personal History Disclosure Form” means the form so titled and set out in the Eighth Schedule.

PART II. *Application for Casino Gaming Licence or Temporary Casino Gaming Licence*

- Application for casino gaming licence.** 3. – (1) An application, pursuant to section 14 of the Act, for a casino gaming licence or for a temporary casino gaming licence shall –
- (a) be formatted in the manner, specified in paragraph (2) –
- First Schedule.** (b) contain the information specified in the First Schedule;
- (c) subject to regulation 15, be accompanied by the documents
- Second Schedule.** specified in the Second Schedule;
- (d) be delivered to the Secretary of the Commission under cover of a letter which shall be signed on behalf of the applicant and
- Third Schedule.** which shall conform with the Third Schedule.
- (2) The applicant shall format its application in such a manner that –
- (a) the application begins with a title page bearing the name and address of the applicant;

- (b) the title page is followed by a table of contents;
- (c) the table of contents is followed by an executive summary, in which the applicant summarizes and briefly highlights the location, facilities and investment requirements of the proposed casino;
- (d) every page of the application (except for the title page and table of contents) is consecutively numbered from beginning (Page 1) to end (Page “x”) and the final page states “Final Page”.

(3) The applicant shall submit to the Secretary of the Commission four hard copies and one electronic copy of the application, each accompanied by the documents required under paragraph (1) (c).

Failure to comply with requirements of the application.

4. – (1) Where an applicant fails to comply with any requirement under section 17 of the Act for the provision of information or the furnishing of records or other documents to the Commission, thus entitling the Commission to refuse to consider the application, the Commission shall notify the applicant of such refusal in writing.

(2) Before issuing a notification under paragraph (1), the Commission shall notify the applicant of its failure, and provide the applicant with an opportunity to show cause why the Commission should not refuse to consider the application, on account of such failure.

Application fee and deposit for investigation and enquiries.

5. – (1) An application for a casino gaming licence or a temporary casino gaming licence shall be accompanied by a non-refundable application fee of fifty thousand dollars in the currency of the United States of America or the equivalent in Jamaican currency.

(2) In addition to the application fee under paragraph (1), an applicant shall, pursuant to section 16(3) of the Act, make a deposit of one hundred thousand dollars in the currency of the United States of

America or the equivalent in Jamaican currency to the Commission, to be used by the Commission for expenses reasonably undertaken by the Commission in connection with investigations and enquiries conducted by the Commission pursuant to section 16 of the Act with respect to the applicant (hereinafter called “reimbursable expenditure”).

(3) Within thirty days after receiving an application, the Commission shall provide the applicant with an estimate of the total reimbursable expenditure anticipated to be incurred by the Commission to complete the investigations and enquiries pursuant to section 16 of the Act.

(4) During the course of the investigations and enquiries, the Commission, shall on a monthly basis, provide to the applicant, a statement with detailed accounting of all reimbursable expenditure incurred during the investigations and enquiries period, and the applicant shall replenish the deposit paid under paragraph (2) in an amount equal to such expenditure within thirty days of the applicant’s receipt of the statement.

(5) Within thirty days after the conclusion of the investigations and enquiries, the Commission shall apply the deposit paid to any reimbursable expenditure then outstanding and return any monies remaining from the deposit to the applicant.

(6) The Commission may refuse to consider an application where the applicant fails to make the deposit required under paragraph (2) or, replenish the deposit, as the case may be, and the Commission is therefore unable to carry out or cause to be carried out investigations and enquires it considers to be necessary.

(7) The Commission may waive the payment of the application

fee under paragraph (1) and the deposit under paragraph (2) where an application for a casino gaming licence is made consequent on the expiry of the temporary casino licence provided that there is no change in the casino operator.

**PART III. *Application for Authorization to Consider
Temporary Casino Gaming Licence Application***

Application for authorization.

6. An application to the Minister, pursuant to section 26 of the Act, for an authorization to be issued by him to the Commission to consider an application for a temporary casino gaming licence shall –
- (a) be in the form of a letter addressed to the Financial Secretary by the proposed operator of the casino (being the approved developer or a company nominated by the approved developer);
 - (b) request the issue by the Minister of an authorization to the Commission to consider an application for a temporary casino gaming licence;
 - (c) set out –
 - (i) the grounds on which it is necessary or desirable, for the purpose of establishing the approved resort development that casino gaming be conducted by the applicant by means of temporary facilities prior to the establishment of the approved resort development;
 - (ii) the proposed name and location of the casino;
 - (iii) a description of the proposed casino facilities;
 - (iv) a description of the programme for establishment of the casino;
 - (v) a description of the manner in which it is proposed to manage and operate the casino; and

- (vi) the proposed licence duration;
- (d) be accompanied by –
 - (i) a certified copy of the certificate of incorporation of the applicant;
 - (ii) a copy of the nomination document if the applicant is the nominee of an approved developer;
 - (iii) a business plan for the proposed licence duration;
 - (iv) a projection of gross profit for each year of the duration of the licence; and
 - (v) such plans, drawings or other documents as are referred to in the description of the proposed casino facilities.

PART IV. *Application for Variation of Casino Gaming Licence*

- Application for variation of casino licence.** 7. An application to the Commission by a licensee, pursuant to section 23 of the Act, for a variation of the terms of a casino gaming licence or a temporary casino gaming licence (hereinafter called a “variation of licence”) shall –
- (a) be in the form of a letter addressed to the Secretary of the Commission;
 - (b) specify the terms of the licence to be varied by reference to the section or sections or other particular provisions of the licence;
 - (c) set out the relevant terms of the licence reworded in accordance with the proposed variation; and
 - (d) state the reasons for the proposed variation.
- Application fee for variation.** 8. An application for variation of licence shall be accompanied by a non-refundable application fee of ten thousand dollars in the currency of the United States of America or the equivalent in Jamaican currency.
- Additional information** 9. The applicant for variation of licence shall promptly provide to

- for variation.** the Commission such additional information as the Commission may request in writing in respect of the application.
- Commission may refuse application.** 10. The Commission may refuse to consider an application for variation of licence where –
- (a) the application is incomplete;
 - (b) the application is not accompanied by the prescribed application fee; or
 - (c) the applicant fails to provide, in the time specified by the Commission, additional information requested by the Commission.
- Commission may grant or refuse variation.** 11. – (1) The Commission having considered an application for variation of licence shall either –
- (a) subject to paragraph (2), grant the application by the issue of a licence varied as requested by the applicant; or
 - (b) refuse the application by notice in writing addressed to the applicant.
- (2) Where the Commission determines to issue a varied licence it shall only issue the varied licence where the original licence has been previously returned to the Commission for cancellation.
- PART V. *Application for Continuation of Casino Gaming Licences***
- Continuation of casino licence.** 12. An application to the Commission pursuant to section 25 of the Act for continuation of a casino gaming licence or the remainder of a temporary casino gaming licence shall –
- (a) contain the information specified in Part I of the Fourth Schedule;
 - (b) be accompanied by the documents specified in Part II of the Fourth Schedule; and

(c) be delivered to the Secretary of the Commission under cover of a letter signed on behalf of the casino operator.

Applicant to cooperate with Commission.

13. – (1) During the period in which an application for continuation of a casino gaming licence or the remainder of a temporary casino gaming licence is being considered by the Commission, the casino operator shall, as regards providing additional information, cooperating with the Commission and informing the Commission of material changes in information supplied to the Commission, be under the equivalent obligations as are set out in regulation 3 in respect of an application for a casino gaming licence or a temporary casino gaming licence.

(2) The casino operator applying for continuation of a licence shall cause to be filed with the Commission all documents required by these Regulations from or in respect of the casino operator's associates who under the Act or these Regulations the Commission must be satisfied are fit and proper persons to be concerned in or associated with the management or operation of the casino.

(3) The Commission may refuse to consider an application for continuation for the casino gaming licensee's failure in any material way to comply with the requirement of paragraph (1) and the Commission shall notify the applicant of such refusal in writing.

(4) The Commission, before issuing such notification under paragraph (1) shall notify the casino gaming licensee of its failure and provide the applicant with an opportunity to show cause why the Commission should not refuse to consider the application on account of such failure.

Application fee and deposit required for

14. – (1) An application for the continuation of a casino gaming

continuation. licence or a temporary casino gaming licence shall be accompanied by a non-refundable fee of fifty thousand dollars in the currency of the United States of America or the equivalent in Jamaican currency.

(2) In connection with an application under this Part, there shall be payable by the applicant to the Commission, pursuant to section 16 (3) of the Act, an additional sum by way of deposit for reimbursement of expenses to be incurred by the Commission for investigations connected with the application such deposit to be made, replenished if necessary and applied on the same terms as provided at regulation 5(2) to (6) for an application for a casino gaming licence or a temporary casino gaming licence.

PART VI. *Miscellaneous*

Commission may waive requirements. Second Schedule. Part II. Fourth Schedule.

15. The Commission may, partially or wholly, waive the requirement for any documentation specified in the Second Schedule or Part II of the Fourth Schedule, and, as a condition of the waiver, may require that alternative documentation, in such form as the Commission may authorize, be provided with the application if it is satisfied either –

- (a) that the other documentation which it requires, as a condition of the grant of the waiver, will provide equivalent relevant information; or
- (b) that, in the case of waiver of provision of a Business Entity Disclosure Form, the business entity, by reason of the nature of its business or manner of carrying on business, will not exercise significant influence over or with respect to the operation of the applicant's proposed resort development business or any major component thereof.

PART VII. *Application for Personal Licence*

Application for personal licence. Seventh Schedule.

16. – (1) Every application for a personal licence shall be –
- (a) in the form set out in the Seventh Schedule;
 - (b) accompanied by a Personal History Disclosure Form set out in the Eighth Schedule completed by the applicant;
 - (c) delivered to the Secretary of the Commission; and
 - (d) accompanied by a non-refundable application fee as specified in regulation 17;
 - (e) accompanied by a deposit of four thousand dollars in the currency of the United States of America or such other sum as the Commission may specify on account of fee payable pursuant to paragraph (2).

Eight Schedule.

(2) The Commission shall charge an applicant for a personal licence a fee on account of reimbursement of expenses reasonably incurred by the Commission in conduct of due diligence investigation but such fee shall not exceed four thousand dollars in the currency of the United States of America.

(3) On the completion of the due diligence investigation, the Commission shall provide the applicant with the statement of detailed accounting of all expenditure incurred during the investigation period and the Commission shall apply the deposit to the expenditure so incurred and shall reimburse such monies remaining from the deposit, if any, to the applicant.

Application fee for personal licence.

17. – (1) The application fee for personal licence payable shall be paid in United States dollars or the equivalent in Jamaican dollars in accordance with the category of the specified office to be held by the applicant as follows –

Category of Specified Office

Application Fee (US\$)

Category A	1000.00
Category B	750.00
Category C	500.00

(2) For the purposes hereof references herein to Category A, Category B and Category C specified offices are to, respectively –

- (a) offices falling within paragraph (a) of the definition of “specified office” set out at section 2(1) of the Act,
- (b) other specified offices having supervisory responsibilities over holders of offices falling within paragraph (b) of the aforementioned definition of “specified office” and
- (c) non-supervisory offices having functions falling within paragraph (b) of the aforementioned definition of “specified office”,

in each case as designated by the Commission by notice published generally to prospective applicants for personal licences or by notice in writing given to a particular prospective applicant for a licence.

Information required for the application.

18. – (1) During the period in which an application under section 31 of the Act, for a personal licence is being considered by the Commission, the applicant shall inform the Commission of any material changes in the information supplied to the Commission or with respect to the application, including any change in circumstances that may render the applicant or any associate of the applicant not a fit and proper person for the purposes of the Act to be concerned in or associated with the management or operation of a casino.

(2) Where an applicant, fails to comply with any of the requirements under section 31 and also as set out in paragraph (1) thus entitling the Commission to refuse to consider the application, the

Commission shall notify the applicant of such refusal in writing.

(3) Before issuing a notification under paragraph (2), the Commission shall notify the applicant in writing of its failure, to and provide the applicant with an opportunity to show cause why the Commission should not refuse to consider the application on account of such failure.

PART VIII. *Application for Variation of Personal Licence*

Application for variation.

19. – (1) An application to the Commission by a licensee, pursuant to section 34 of the Act, for a variation or amendment of a personal licence shall be in the form of a letter addressed to the Secretary of the Commission and shall be made in the following manner –

- (a) specify the terms or other provisions of the licence to be varied or amended;
- (b) set out the relevant terms [or other provisions] of the licence reworded in accordance with the proposed variation or amendments; and
- (c) state the reasons for the proposed variation or amendment.

Application fee.

20. An application made under regulation 19 shall be accompanied by a non-refundable application fee of five hundred dollars in the currency of the United States of America or the equivalent in Jamaican currency.

Incomplete application.

21. The Commission may refuse to consider an application for variation or amendment of a personal licence where –

- (a) the application is incomplete or not accompanied by the prescribed fee; or
- (b) the applicant fails to provide, in the time specified by the Commission, additional information requested by the Commission.

Grant, refusal or variation of licence.

22. – (1) The Commission having considered an application for variation of licence shall either –

- (a) grant the application by the issue of a licence varied as requested by the applicant subject to paragraph (2) of this Regulation; or
- (b) refuse the application by notice in writing addressed to the applicant.

(2) Where the Commission determines to issue a varied licence it shall so issue the licence against the delivery of the original licence for cancellation.

PART IX. *Disclosure Forms*

Commission may require information to be supplied in forms.

23. – (1) Where for the purposes of the Act or these Regulations, the Commission requires that it be provided with information by a business entity on itself generally or by an individual on his personal history, the Commission may require that such information be supplied to the Commission in one of the following forms –

(a) in respect of a business entity –

- (i) Business Entity Disclosure Form;
- (ii) Multi Jurisdictional Business Form;
- (iii) The Jamaican Supplemental to the Multi Jurisdictional Business Entity Form as set out in the Sixth Schedule;

Sixth Schedule.

(b) in respect of an individual –

- (i) Personal History Disclosure Form as set out in the Eighth Schedule; and
- (ii) Multi Jurisdictional (Personal History) Disclosure Form;
- (iii) Jamaican Supplemental to the Multi Jurisdictional

Eight Schedule.

Personal History Disclosure Form as set out in the Ninth Schedule.

Ninth Schedule.

(2) Any requirement by the Commission for the use of any forms shall not affect the Commission's powers to require the supply to the Commission of any additional information or to require that any information be supplied to it in such other form as the Commission may authorize.

PART X. *Miscellaneous*

Methods of payment.

24. – (1) The payment of any monies required under these Regulations in respect of an application shall be in a form that is immediately available to the Commission free of any deductions whatsoever and may be effected by certified cheque, banker's draft, wire transfer or other like payment, instrument or method and stated to be in favour of the "Casino Gaming Commission".

(2) For the purposes of payment under these Regulations, the equivalent in Jamaican currency in the currency of the United States of America shall be calculated based on authorized foreign exchange dealers' weighted average spot selling rate for United States dollars in exchange for Jamaican dollars as last published prior to the date of submission of the relevant application.

Information to be included in an Application for a Casino Gaming Licence or a Temporary Casino Gaming Licence

An application for a casino gaming licence or a temporary casino gaming licence shall include the following information:

1. Name of Applicant
2. Address of its principal office
3. State whether it is a company incorporated in Jamaica
4. (a) Date of incorporation
(b) Company registration number
5. (a) Title of approved development order
(b) Date and number of issue of the Proclamation Rules and Regulations edition of the Jamaica Gazette in which the order was published
(c) Name of the approved developer
6. (a) State whether it has been nominated by the approved developer for purpose of the application for casino gaming licence and identify the nomination document, that is, the letter, agreement or other document, copy of which accompanies the application
(b) Describe the agreements which it has with the approved developer in connection with the approved resort development including for the operation of the casino (referring to copies of such agreements accompanying the application)
7. If the application is for a temporary casino gaming licence, the duration of the licence required
8. (a) Authorized share capital
(b) Issued share capital distinguishing voting and non-voting shares
(c) In respect of each legal and beneficial owner of 5% or more of each class of issued shares of the company –
 - (i) name;
 - (ii) residential and business addresses in the case of an individual shareholder and address of principal office in the case of a corporate shareholder;
 - (iii) total shareholding.

9. If the applicant is a subsidiary company provide in respect of its ultimate holding company –

- (a) name
- (b) address or principal office
- (c) jurisdiction of formation
- (d) name, address and total shareholding of each legal and beneficial owner of 5% or more of each class of issued shares of the company.

10. In respect of each of the directors, the chief executive officer, the corporate secretary and other officers and employees of the applicant who report directly to the chief executive officer state –

- (a) name
- (b) nationality
- (c) business and residential addresses
- (d) position
- (e) date of appointment

11.(a) Name of the casino

- (b) If application is for casino gaming licence name of the approved resort development within which the casino is or will be located
- (c) If application is for temporary casino gaming licence, proposed location of the casino

12. If application is for a casino gaming licence, the number of hotel rooms in the approved resort development currently ready for occupancy or which will be ready for occupancy prior to commencement of operation of the casino

13. Description of the casino facilities, including site plans, total acreage, total square footage, frontages and elevation, floor plans, and the estimated number of gaming positions offered by gaming machines, table games and other gaming equipment within the casino

14. Description of the construction programme, including estimated construction time and anticipated date of opening, the status of all required governmental and regulatory approvals and any conditions thereto, the project budget, and the architect, general contractor, construction manager and primary subcontractors, environmental consultant and interior designer

15. Description of the manner in which the casino will be operated including –

- (a) if the applicant will not be the owner of the casino premises, description of the agreement providing the applicant rights to occupy the casino premises

- (b) description of how and by whom management functions will be carried out

16. – (1) The grounds on which the Commission may be satisfied that the applicant holds or is able to obtain financial resources adequate to ensure the financial viability of the casino

(2) Statement of estimated cost of development broken down into major expenditure components

(3) Details of the plan for financing the cost of development including –

- (a) amounts and estimated timing of major installments of investment
- (b) anticipated sources of financing, distinguishing equity and debt
- (c) anticipated holders of equity and of debt obligations after each major installment of investment

17. – (1) In respect of each debt obligation by way of borrowing which is outstanding or agreed to be incurred and which originally matures more than one year from first drawdown, the following information –

- (a) amount outstanding or agreed to be incurred
- (c) name and address of creditor
- (c) (i) repayment terms
- (ii) maturity date
- (d) rate of interest
- (e) whether secured or unsecured
- (f) type of security instrument if any
- (g) collateral

(2) In respect of each debt obligation identify (i) the document containing terms of borrowing and (ii) the security instrument if any. (Copies of these documents should accompany the application.)

(3) In respect of each holder of such debt obligation –

- (a) the name
- (b) the residential and business addresses in the case of an individual and the principal place of business in the case of corporate entities

18. In respect of debt obligation by way of borrowing which is outstanding or agreed to be incurred and which originally matures one year or less from first drawdown the like information as is to be provided pursuant to paragraphs 17(2) and 17(3) above

19. In respect of each employment contract providing for salaries or other remuneration at a rate per annum in excess of one hundred thousand in the currency of the United States of America [US\$100,000.00] or the equivalent in Jamaican currency the following information –

- (a) name of employee
- (b) position in the applicant's organization
- (c) rate of remuneration

20. In respect of each contract to obtain goods or services (other than employment contracts) which exceed one hundred thousand in the currency of the United States of America [US\$100,000.00] or the equivalent in Jamaican currency in value, the following information –

- (a) name of contractor
- (b) address of principal place of business
- (c) nature of goods or services contracted for
- (d) value of goods or services contracted for

21. – (1) Whether or not the applicant or any of its directors, officers or any of its senior employees reporting directly to the chief executive officer or any spouse of such director, officer or employee has ever been charged with a criminal offence in any jurisdiction

(2) In respect of each such charge –

- (a) name or person charged and, if other than the applicant, position held with the applicant or as the case may be the director, officer or employee of which the person is spouse
- (b) the nature of the charge, and date of charge
- (c) jurisdiction in which offence is alleged to have been committed
- (d) name and location of –
 - (i) law enforcement agency
 - (ii) court of trial
- (e) outcome of charge

22. – (1) Whether or not the applicant is involved in any civil litigation (other than insured litigation) in any jurisdiction whether as plaintiff or defendant in which damages may be awarded in excess of one hundred thousand in the currency of the United States of America [US\$100,000.00] or the equivalent in Jamaican currency

(2) In respect of each such litigation the following information –

- (a) names of the parties
- (b) number, title or other designation identify the action in the assigned court
- (c) jurisdiction and name and location of court to which the action is assigned

23. Such other information as the Commission may, by notice in writing to the applicant request for the purposes of any of sections 14, 15, 16 and 17 of the Act

- Notes:**
1. An applicant for a casino gaming licence or a temporary casino gaming licence is required by the Act to be a company duly incorporated under the laws of Jamaica and to provide proof of such incorporation.
 2. The application should provide the specified information in sequence corresponding to the sequence of the numbered items of information set out below.
 3. Responses may refer to attached documents supplied as required by the Second Schedule as well as additional documents which the applicant deems appropriate to attach to the application provided that the latter documents are cross referenced to the responses.
 4. The Commission will not consider an application for a temporary casino gaming licence unless it has received from the Minister an authorization pursuant to section 26(2) of the Act to do so.

SECOND SCHEDULE

(Regulations 3(1) (c))

Documents which shall accompany an Application for a Casino Gaming Licence or for a Temporary Casino Gaming Licence

An application for a casino gaming licence or a temporary casino gaming licence shall be accompanied by the following documents:

1. The following documents issued or certified to be true copies by the Registrar of Companies –
 - (a) a copy of the articles of incorporation or Memorandum of Association of the applicant;
 - (b) a copy of the certificate of incorporation of the applicant;
 - (c) letter of good standing dated not earlier than the date of application with respect to requirements of the Companies Act.
2. Copy of the approved development order in respect of the approved integrated resort development in which the permanent casino facilities will be sited.
3. If the applicant is the nominee of an approved developer, the nomination document whereby the approved developer has nominated the applicant for

purposes of an application for a casino gaming licence or, as the case may be, a temporary casino gaming licence.

4. Résumés for each of the directors, the chief executive officer, the corporate secretary and each other officer and employee reporting directly to the chief executive officer.
5. Business plan for the casino gaming enterprise which plan in the case of an application for a casino gaming licence shall be for at least five years from commencement of casino gaming operations or in the case of an application for a temporary casino gaming licence shall be for the proposed duration of the licence.
6. Either a Personal History Disclosure Form, The Jamaican Supplemental (Personal) Form or a Multi-Jurisdictional Personal History Disclosure Form are to be completed by –
 - (a) each director, officer and employee of the applicant named in the application; and
 - (b) each individual who holds directly or indirectly 5% or more of the voting shares of the applicant.
7. Either a Business Entity Disclosure Form or a Multi-Jurisdictional Business Form and the Jamaican Supplemental Business Entity Form a to be completed by each business entity (other than an individual) which directly or indirectly holds 5% or more of the voting shares of the applicant, except that, if the applicant is a subsidiary then a Business Entity Disclosure form is to be completed only by the ultimate parent company and each business entity that indirectly holds, through the ultimate parent company 5% or more of the voting shares of the applicant.
8. Site plans, floor plans and drawings referred to in the description of the casino facilities.

*Form of cover letter for Application for Casino Gaming
Licence or Temporary Casino Gaming Licence*

Casino Gaming Commission

Dear Sirs:

_____ Limited,
hereby applies to the Commission by way of the attached application for a casino gaming licence/temporary casino gaming licence for the operation of [*name of casino*] as a casino in accordance with the Casino Gaming Act.

In support of the application, the following documents are also attached:

1. A copy of the articles of incorporation or other organizational documents of the applicant certified by the Registrar of Companies.
2. (a) a copy of the company's certificate of incorporation certified by the Registrar of Companies;

(b) letter of good standing from the Registrar of Companies with respect to requirements of the Companies Act.
3. Copy of the approved development order in respect of the approved integrated resort development.
4. If the applicant is the nominee of an approved developer, nomination document whereby the approved developer has nominated the company for purposes of the application.
5. Résumés for the chief executive officer, each director, the corporate secretary other officers and senior employees of the applicant named in the application.
6. Organizational chart for the internal management of the company.
7. Business plan for the casino gaming enterprise for [] years from commencement of casino gaming operations/the proposed duration of the licence.
8. Personal disclosure forms for the following persons:
 - (a) each director, officer and employee of the applicant named in the application; and
 - (b) each individual who holds directly or indirectly 5% or more of the voting shares of the applicant.
9. Business entity disclosure forms for the following business entities:

Either a Business Entity Disclosure Form or a Multi-Jurisdictional Business Form and the Jamaican Supplemental Business Entity Form a to be completed by each business entity (other than an individual) which directly or

indirectly holds 5% or more of the voting shares of the applicant, except that, if the applicant is a subsidiary then a Business Entity Disclosure form is to be completed only by the ultimate parent company and each business entity that indirectly holds, through the ultimate parent company 5% or more of the voting shares of the applicant.

10. Other attachments as follows:

Please contact _____ (*name and contact information of authorized representative of applicant*) _____ for further information.

We undertake, if required, to provide additional information to the Commission to assist in the consideration of this application and hereby authorise the Commission to make such investigations, both locally and abroad, as would reasonably assist in determining the status of each of our directors. We undertake to provide, if required, authorisations to any regulatory authority or law enforcement agency in any jurisdiction to release to the Commission information held by such regulatory authority or law enforcement agency on the company. We understand that failure to comply with any of the above undertakings may result in the denial of the application.

We declare that the representations of fact made by us in the application are true and, to the best of our knowledge, representations made by others in documents attached are true. We acknowledge that misrepresentation of any material fact may be ground for the application to be denied and, if the licence is granted, for disciplinary action against the company which may include revocation of the licence.

Dated this _____ day of _____ .

SIGNED on behalf of _____
[insert name of applicant]

By: _____
Signature

Name: _____

Title: _____

FOURTH SCHEDULE (Regulations 12 and 13)**Part I. *Information to be included in an Application for Continuation of a Licence***

An application for continuation of a casino gaming licence or a temporary casino gaming licence shall include the following information:

1. The date on which and a description of the transaction(s) (including the names of the parties) whereby the change of control of the casino operator occurred.
2. (a) The authorized share capital of the casino operator;
(b) The issued share capital of the casino operator distinguishing voting and non-voting shares;
(c) The name address and total shareholding of each legal and beneficial holder of 5% or more of each class of issued shares of the casino operator.
3. If the casino operator is a subsidiary company, the following information in respect of its ultimate holding company –
 - (a) name;
 - (b) address of principal office;
 - (c) jurisdiction of incorporation;
 - (d) name, address and total shareholdings of each legal and beneficial owner of 5% or more of each class of issued shares of the company.
4. In respect of each of the directors, the chief executive officer, the corporate secretary and other officers and employees of the applicant who report directly to the chief executive officer state –
 - (a) name;
 - (b) nationality;
 - (c) business and residential addresses;
 - (d) position;
 - (e) date of appointment.
5. If the casino operator is a subsidiary, the like information in respect of the directors and personnel of the ultimate holding company as is required at paragraph 4 above in respect of the directors and personnel of the casino operator.
6. Description of the manner in which the casino will be operated.
7. – (1) The grounds on which the Commission may be satisfied that the licensee holds or is able to obtain financial resources adequate to ensure the financial viability of the casino.

- (2) If the casino has not yet been completed, estimated cost of completion.
- (3) If the casino has not yet been completed, details of the plan for financing completion including –
- (a) amounts and estimated timing of investment;
 - (b) anticipated sources of financing, distinguishing equity and debt;
 - (c) anticipated holders of equity and of debt obligations after each major installment of investment.
8. The like information, updated to the date of the application, as is required of an applicant for a casino gaming licence or a temporary casino gaming licence at –
- (a) paragraph 17 of the First Schedule;
 - (b) paragraph 18 of the First Schedule.
9. The like information, updated to date of the application, as is required in respect of certain employment contracts at paragraph 19 of the First Schedule.
10. The like information, updated to date of the application, as is required in respect of contracts to supply goods or services (other than employment contracts) at paragraph 20 of the First Schedule.

Part II. Documents to Accompany an Application for Continuation of a Licence

11. Every application for continuation of a casino gaming licence or a temporary casino gaming licence shall be accompanied by the following documents –
- (a) Business Entity Disclosure Form to be completed by each business entity, other than an individual, which becomes or will become an associate of the casino operator in connection with the change of control of the casino operator;
 - (b) for each individual who becomes or will become an associate of the casino operator in connection with the change of control, at his election, either a Personal History Disclosure Form or a Multi-Jurisdiction Personal History Disclosure Form and the Jamaican Supplement to be completed by that individual;
 - (c) organizational chart showing internal management of the casino operator and which highlights new positions which have or will occur as a result of the change of control of the casino operator.

THE CASINO GAMING ACT

The Casino Gaming Regulations, 2015

Business Entity Disclosure Form

NAME OF BUSINESS ENTITY*
(DO NOT ABBREVIATE)

*Name as it appears on the certificate of incorporation, certificate of formation, partnership agreement or other official formation document of the Business Entity.

D/B/A OR TRADE NAME(S)

PERSON TO BE CONTACTED IN REFERENCE TO THE INFORMATION DISCLOSED IN THIS FORM

Name Title

E-Mail Address Telephone Number FAX Number

THE PRINCIPAL BUSINESS ADDRESS OF THE BUSINESS ENTITY

Street Location (Number/Street) Locality State/Province Postal Code

Country Telephone Number FAX Number

Mailing address (if different) Locality State/Province Postal Code

Web Site (URL)

Check the appropriate box:

- This form is being submitted because the Business Entity is applying for a casino gaming license.
- This form is being submitted because the Entity is or will likely become an associate of a casino operator or applicant for a gaming license.
- Other. Explain:

BRIEFLY EXPLAIN THE BUSINESS ENTITY'S RELATIONSHIP WITH THE CASINO OPERATOR OR APPLICANT FOR A CASINO GAMING LICENSE

ITEM 1. FORMATION

A. Provide the date and place of formation.

Date: _____

Place of formation: _____

B. Organizers/Incorporators

Use Attachment 1B to provide the following information for each natural person who served as an organizer, incorporator or otherwise formed the Business Entity:

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH
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ITEM 2. OTHER NAMES AND ADDRESSES OF THE BUSINESS ENTITY

- A. List all other names under which the Business Entity has done business and give the approximate time periods during which these names were used.

- B. Use Attachment 2B to provide the following information about all other addresses presently used by the Business Entity and all addresses from which the Business Entity is presently doing business.

NUMBER AND STREET	LOCALITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
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- C. Use Attachment 2C to provide the following information on all addresses, other than those listed in Item 2B, which the Business Entity has held or from which it has conducted business during the last ten year period, and give the approximate time periods during which such addresses were held.

NUMBER AND STREET	LOCALITY	STATE/PROVINCE	COUNTRY	POSTAL CODE	DATES	
					FROM:	TO:

ITEM 3. DESCRIPTION OF PRESENT BUSINESS

Provide as Attachment 3 a description of the business done and intended to be done by the Business Entity and the general development of such business during the past five years, or such shorter period as the Business Entity and its affiliates may have been engaged in business. The description shall include information on matters such as the following:

- A. Competitive conditions in the industry or industries involved and the competitive position of the Business Entity, if known.
- B. The principal products produced and services rendered by the Business Entity and its parent, intermediary and subsidiary companies, the principal markets for said products or services and the methods of distribution.
- C. In describing developments, provide information such as the following: the nature and results of any bankruptcy, receivership or similar proceedings with respect to the Business Entity; the nature and results of any other reorganisation, readjustment or succession of the Business Entity or any of its affiliates; the acquisition or disposition of any material amount of assets otherwise than in the ordinary course of business; and any material changes in the mode of conducting the business.

ITEM 4. DESCRIPTION OF FORMER BUSINESS

Provide as Attachment 4 a description of any former business, not listed in response to Item 3, which the Business Entity engaged in during the last ten year period and the reasons for the cessation of such business. Also indicate the approximate time period during which each such business was conducted.

ITEM 5. DIRECTORS, MEMBERS, PARTNERS AND TRUSTEES

Use Attachment 5 to provide the following information for each director, member, partner and trustee of the Business Entity.

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES POSITION HELD	OCCUPATION OR TITLE, POSITION OR ASSOCIATION	DATE OF BIRTH
-----------------------	------------------	---------------------	--	---------------

		FROM:	TO:	WITH THE BUSINESS ENTITY	
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ITEM 6. FORMER DIRECTORS, MEMBERS, PARTNERS AND TRUSTEES

Use Attachment 6 to provide the following information for each person, not listed in response to item 5, who held the position of director, member, partner or trustee of the Business Entity during the last ten years:

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES POSITION HELD		DATE OF BIRTH	REASON FOR LEAVING
		FROM:	TO:		

ITEM 7. OFFICERS AND EXECUTIVES

Use Attachment 7 to provide the following information for each officer and executive of the Business Entity. Officers and executives include all persons serving as chief executive officer, president, managing member, secretary, treasurer, chairman of the board, vice-president, general/corporate counsel or any such other officers or executives as may be prescribed or otherwise authorized by the by-laws, membership agreement, partnership agreement or similar organisational documents of the Business Entity.

NAME AND HOME ADDRESS	TITLE	DATES POSITION HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 8. FORMER OFFICERS AND EXECUTIVES

Use Attachment 8 to provide the following information for each person, not listed in response to Item 7, who was an officer or executive of the Business Entity during the last ten year period.

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES POSITION HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ITEM 9. COMPENSATION OF DIRECTORS, MEMBERS, PARTNERS, TRUSTEES, OFFICERS AND EXECUTIVES

Use Attachment 9 to provide the following information regarding the amount of total annual compensation received during the last calendar year and the amount to be received during the subsequent calendar year by each director, member, partner, trustee, officer and executive of the Business Entity, whether such compensation is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION
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ITEM 10. COMPENSATION OVER \$8,000,000 JMD OR \$100,000 USD

Use Attachment 10 to provide the following information for each person, other than those listed in response to Item 9, who currently receives, or who reasonably can be expected to receive within one calendar year from the date of this form, compensation as described in Item 9 that exceeds \$8,000,000 JMD or \$100,000 USD per year.

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE BUSINESS ENTITY	AMOUNT OF COMPENSATION
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ITEM 11. BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Provide as Attachment 11 a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created by the Business Entity. This description shall include, but not be limited to:

1. the title or name of the plan;
2. the identity and address of the trustee of the plan or the person administering such plan;
3. the material features of the plan;
4. the methods of financing the plan;
5. the identity of each class of person who is or will participate in the plan;
6. the approximate number of persons in each such class;
7. the amounts distributed under the plan to each class of persons during the last fiscal year if the plan was in effect during that time.

ITEM 12. OWNERSHIP/STOCK DESCRIPTION

Describe the nature, type, number of authorized and issued shares or ownership units, terms, conditions, rights and privileges of all classes of voting capital, non-voting and other stock or ownership interests issued, or to be issued, by the Business Entity including the number of shares or units of each class authorized or to be authorized and the number of shares or units of each class outstanding (i.e., not held by or on behalf of the issuer) as of this date.

If the right of holders of any class of stock or ownership units may be modified otherwise than by a vote of a majority or more of the outstanding shares or units so affected, voting as a class, so state and explain briefly.

ITEM 13. VOTING SHAREHOLDERS, MANAGING MEMBERS AND PARTNERS

Use Attachment 13 to provide the following information for each person or entity holding of record or having a beneficial interest in any voting capital or other type of managing interest issued by the Business Entity. This information must be provided as of a date no more than 60 days prior to the date this form is filed with the Casino Gaming Commission. (NOTE: Any natural person or entity who directly or indirectly holds or will hold, on a fully-diluted basis, five *per cent* or more of the voting capital of a casino operator or casino gaming license applicant must file a disclosure form in accordance with the Casino Gaming Act and the regulations of the Casino Gaming Commission.

NAME AND ADDRESS	DATE OF BIRTH OR DATE AND PLACE OF FORMATION	CLASS	NUMBER OF SHARES OR OTHER UNITS HELD	% OF OUTSTANDING VOTING/MANAGING INTERESTS HELD
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ITEM 14. NON-VOTING INTERESTS

Use Attachment 14 to provide the following information for each person or entity holding of record or having a beneficial interest in any non-voting interest issued by the Business Entity. This information must be provided as of a date no more than 60 days prior to the date this form is filed with the Casino Gaming Commission.

NAME AND ADDRESS	DATE OF BIRTH OR DATE AND PLACE OF FORMATION	CLASS	NUMBER OF SHARES OR OTHER UNITS HELD	% OF OUTSTANDING NON-VOTING INTERESTS HELD
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ITEM 15. DESCRIPTION OF LONG TERM DEBT

Provide as Attachment 15 a description of the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, by the Business Entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance. (or, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)

ITEM 16. HOLDERS OF LONG TERM DEBT

Use Attachment 16 to provide the following information for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the Business Entity, which mature more than one year from the date of issuance or which, by their terms, are renewable for a period of more than one year from the date of issuance.

NAME AND ADDRESS	DATE OF BIRTH OR DATE AND PLACE OF FORMATION	TYPE AND CLASS OF DEBT INSTRUMENT HELD	AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 17. OTHER INDEBTEDNESS AND SECURITY DEVICES

Provide as Attachment 17 a description of the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Business Entity other than those described in response to Items 15 and 16. (OR, in the space below provide a specific cross-reference to the applicable document(s) filed with this application that contain(s) all of the requested information.)

ITEM 18. HOLDERS OF OTHER INDEBTEDNESS

Use Attachment 18 to provide the following information with respect to each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to Item 17.

NAME AND ADDRESS	DATE OF BIRTH OR DATE AND PLACE OF FORMATION	TYPE OF DEBT INSTRUMENT HELD	AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)
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ITEM 19. OPTIONS

A. Provide as Attachment 19A a detailed description of any options existing or to be created with respect to interests issued by the Business Entity which description shall include, but not be limited to the title and amount of the interests subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optionees became or will become, entitled to exercise the options, and when such options expire. (or include as Attachment 19A copies of any outstanding option plans or proxy statements that provide the requested information.) **NOTE:** For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any interest issued by the Business Entity.

B. Use Attachment 19B, to provide the following information regarding all persons holding the options described in Item 19A.

NAME	BENEFICIAL OWNER'S ADDRESS	NUMBER OF OPTIONS HELD	MARKET VALUE AT ISSUANCE
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ITEM 20. FINANCIAL INSTITUTIONS

Use Attachment 20 to provide the following information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the Business Entity has or has had an account over the last ten year period regardless of whether such account was held in the name of the Business Entity, a nominee of the Business Entity or was otherwise under the direct or indirect control of the Business Entity.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ITEM 21. CONTRACTS AND SUPPLIERS

Use Attachment 21 to provide the following information with respect to all persons with whom the Business Entity has contracts or agreements of \$12,000,000 JMD or \$150,000 USD or more in value or from whom the Business Entity has received \$12,000,000 JMD or \$150,000 USD or more in goods or services in the past six months.

Employment contracts need only be listed if, by their terms, they exceed one year in duration.

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED
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ITEM 22. OWNERSHIP INTERESTS HELD BY THE BUSINESS ENTITY

Use Attachment 22 to provide the following information about each company in which the Business Entity holds an ownership interest:

NAME AND ADDRESS OF COMPANY	TYPE OF INTEREST HELD (STOCK, PARTNERSHIP, MEMBER, ETC.)	PURCHASE PRICE	NUMBER OF SHARES OR OTHER UNITS HELD	% OF OWNERSHIP REPRESENTED BY INTEREST HELD
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ITEM 23. INSIDER TRANSACTIONS

Use Attachment 23 to provide the following information for each change that occurred within the last five (5) years preceding this application in the beneficial ownership of the voting capital of the Business Entity on the part of any person who is indirectly or directly a beneficial owner of more than ten per cent (10%) of the voting capital or who is or was within that period a director, member, partner, trustee, officer or executive of the Business Entity. [Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase, (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF SHARES OR OTHER UNITS INVOLVED
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ITEM 24. CRIMINAL HISTORY

The next question asks about any charges or offences the Business Entity or any of its directors, members, partners, trustees, officers or executives may have committed or had filed against them. Prior to answering this question, carefully review the definitions and instructions that follow.

DEFINITIONS: For purposes of this question.

- A. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offence."
- B. "Offence" includes all felonies and other offences, including the offences listed in the Second Schedule of the Casino Gaming Act and the equivalent offences under the laws of any other jurisdiction.

INSTRUCTIONS: 1. Answer "yes" and provide all information to the best of your ability **EVEN IF**:

- A. The Business Entity or its directors, members, partners, trustees or officers, as the case may be, did not commit the offence charged;
- B. The charges were dismissed;
- C. The Business Entity or its directors, members, partners, trustees or officers, as the case may be, were not convicted;

D. The charges or offences happened a long time ago.

2. Answer "no" IF:

- A. The records relating to the charges have been expunged or sealed by court order; **AND**
- B. Attached to this application is a copy of the expungement or sealing order labeled as Attachment 24.

Has the Business Entity or any of its directors, members, partners, trustees, officers or executives ever been charged with or convicted of a criminal offence or been a party to or named as an unindicted co-conspirator in any criminal proceeding in Jamaica or any other jurisdiction?

_____ Yes _____ No

If yes, use Attachment 24A to provide the following information for each indictment, charge or conviction:

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE
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ITEM 25. TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

Has the Business Entity or any of its directors, members, partners, trustees, officers or executives ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, parish, county, state, federal, national, etc.) other than in response to minor traffic related offences?

_____ Yes _____ No

If yes, use Attachment 25 to provide the following information about any such testimony, investigation or polygraph exam:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION
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ITEM 26. TESTIMONY, INVESTIGATIONS OR POLYGRAPH REFUSALS

Has the Business Entity or any of their directors, members, partners, trustees, officers or executives ever refused to testify before, to answer a question asked by, or to take a polygraph exam administered by any governmental agency, court, committee, grand jury or investigatory body (municipal, parish, county, state, federal, national, etc.)?

_____ Yes _____ No

If yes, use Attachment 26 to provide the following information about any such testimony, investigation or polygraph refusal:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION
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EXISTING LITIGATION

ITEM 27.

Provide as Attachment 27 a description of all existing civil litigation to which the Business Entity is presently a party whether in this country or in another jurisdiction. Do not include any litigation in which the damages may not reasonably be expected to exceed \$12,000,000 JMD or \$150,000 USD, or litigation in which damages may be expected to exceed \$12,000,000 JMD or \$150,000 USD, but which involve claims against the Business Entity which are fully and completely covered under an insurance policy held by the Business Entity with a licensed insurance carrier. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation and the general nature of all claims being made.

ITEM 28. ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

A. Has the Business Entity ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?

_____ Yes _____ No

B. In the past ten years, has the Business Entity had a judgment, order, consent decree or consent order pertaining to any state, province or federal statute, regulation or code that resulted in a fine or penalty of \$8,000,000 JMD or \$100,000 USD or more entered against it?

_____ Yes _____ No

If yes to either question, Attachment 28 to provide the following information for each judgment, order, consent decree or consent order:

DATE OF OFFENCE	NATURE OF OFFENCE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED
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ITEM 29. BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

- A. Has the Business Entity or any of its affiliates had any petition under any provision of a bankruptcy statute or under any similar insolvency law of any state, province or country filed by or against it in the last ten year period?
 _____ Yes _____ No
- B. Has the Business Entity or any of its affiliates sought relief under any provision of a bankruptcy statute or under any similar insolvency law of any state, province or country in the last ten year period?
 _____ Yes _____ No

If yes to either question, use Attachment 29A to provide the following information for each bankruptcy or insolvency proceeding:

DATE PETITION FILED OR RELIEF SOUGHT	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED
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- C. Has any receiver, fiscal agent, trustee, reorganisation trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Business Entity or its affiliates?
 _____ Yes _____ No

If yes to any of the above questions, use Attachment 29C to provide the following information for each proceeding:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT
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ITEM 30. LICENSES

- A. During the last ten year period, has the Business Entity ever had any license or certificate issued by a government agency in any jurisdiction denied, suspended or revoked?
 _____ Yes _____ No

If yes, use Attachment 30A to provide the following information for each license or certificate denied, suspended or revoked:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN
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- B. Has the Business Entity ever applied in any jurisdiction for a license, permit or other authorisation to participate in lawful gambling operations (including; casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?
 _____ Yes _____ No

If yes, use Attachment 30B to provide the following information for each license, permit or other authorisation applied for:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DESCRIPTION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND THE EXPIRATION DATE
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ITEM 31. FINANCIAL STATEMENTS

- A. Provide as Attachment 31A an audited financial statement which shall include but not be limited to an income statement, balance sheet, statement of sources and application of funds and all notes to such statements and related financial schedules, for the last fiscal year prepared in accordance with applicable banking and securities law in the jurisdiction where the Business Entity maintains its principal place of business.
- B. In addition to the information required in Item 32A, provide as Attachment 31B copies of all other financial statements prepared in the last five years with respect to the Business Entity and any exceptions taken to such statement by the independent auditor retained by the Business Entity, and the management response thereto.

ITEM 32. ANNUAL REPORTS

- A. Provide as Attachment 32A a copy of all annual reports of the Business Entity that were submitted to shareholders, owners or other persons during the last five years.
- B. In addition to the information required in Item 32A, a Business Entity that is a registrant under the securities laws of any jurisdiction is to submit a copy of all annual reports prepared pursuant to such jurisdiction's securities laws and filed within the last five years. Identify these as Attachment 32B.

ITEM 33. QUARTERLY REPORTS

Provide as Attachment 33 a copy of the most recent quarterly unaudited financial statement prepared by or for the Business Entity. If the Business Entity is a registrant under the securities laws of any jurisdiction, provide a copy of the most recent quarterly report filed by the Business Entity to comply with applicable securities laws in response to this Item.

ITEM 34. INTERIM REPORTS

Provide as Attachment 34 a copy of any current report prepared due to the occurrence of any of the following events: change in control of the Business Entity, acquisition or disposition of assets, bankruptcy or receivership proceedings, and changes in the Business Entity's certifying accountant or other material events. If the Business Entity is a registrant under the securities laws of any jurisdiction, provide a copy of the most recent current report filed by the Business Entity to comply with applicable securities laws in response to this Item.

ITEM 35. PROXY AND INFORMATION STATEMENT

If the Business Entity is a registrant under the securities laws of any jurisdiction, provide as Attachment 35 a copy of the most recent definitive proxy or information statement filed by the Business Entity to comply with applicable securities laws.

ITEM 36. REGISTRATION STATEMENT

Provide as Attachment 36 a copy of any registration statements filed with any jurisdiction on behalf of the Business Entity in the last five years.

ITEM 37. REPORTS OF ACCOUNTANTS

Provide as Attachment 37 a copy of all reports and correspondence, other than those previously included in this application, submitted in the last five years by independent auditors for the Business Entity which pertain to the issuance of financial statements, managerial advisory services, or internal control recommendations. Include the name, address and telephone number of the current outside auditor(s).

ITEM 38. ORGANISATIONAL DOCUMENTS

Provide as Attachment 38 a certified copy of the Articles of Incorporation, Articles of Organisation, Charter, By-Laws, Partnership Agreement, Certificate of Limited Partnership, Limited Partnership Agreement, Certificate of Limited Liability Company, Limited Liability Company Operating Agreement or similar formation and organisational documents of the Business Entity with all amendments and proposed amendments to date, and all amendments and proposed amendments thereto.

ITEM 39. ORGANISATIONAL CHART

- A. Provide as Attachment 39A a current organisational chart for the ownership and control of the Business Entity, which shall include all affiliates within the chain of ownership or control of the Business Entity.
- B. Provide as Attachment 39B a functional table of organisation for the internal management of the Business Entity, including position descriptions and the names of the persons holding each position.

ITEM 40. TAX RETURNS

Provide as Attachment 40 a copy of the Business Entity's income tax returns for the last five years with the primary taxing authority for the country where the business entity's principal place of business is located.

ITEM 41. BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS

On the following chart indicate with a checkmark which attachments are included with this application. If an attachment is not applicable, indicate N/A. Please note that attachment numbers with an asterisk (*) are attachments you are to provide or create and do not contain corresponding charts.

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
1B	Organizers/Incorporators	
2B	Other names and addresses of the Business Entity (Presently used)	
2C	Other names and addresses of the Business Entity (Past 10 years)	
3*	Description of present business	
4*	Description of any former business engaged in during the last 10 years and the reason for cessation of the business	
5	Directors, members, partners and trustees	
6	Former directors, members, partners and trustees	
7	Officers and executives	
8	Former officers and executives	
9	Compensation of directors, members, partners, trustees, officers and executives	
10	Compensation over \$8,000,000 JMD or \$100,000 USD	
11*	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
13	Voting shareholders, managing members and partners	
14	Non-voting interests	
15*	Description of long term debt	
16	Holders of long term debt	
17*	Other indebtedness and security devices	
18	Holders of other indebtedness	
19A*	Securities options – description	
19B	Persons holding securities options	
20	Financial institutions	
21	Contracts and suppliers	
22	Ownership interests held by the Business Entity	
23	Insider transactions	
24*	Expungement or sealing orders	

ITEM 41. BUSINESS ENTITY DISCLOSURE FORM – ATTACHMENTS (Cont.)

ATTACHMENT NUMBER	ATTACHMENT DESCRIPTION	√ IF ATTACHED N/A IF NOT APPLICABLE
24A	Criminal history	
25	Testimony, investigations or polygraphs	
26	Testimony, investigations or polygraph refusals	
27*	Existing Litigation	
28	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
29A	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Bankruptcy or insolvency)	
29C	Bankruptcy or insolvency proceedings & appointed receiver, agent or trustee (Appointed receiver, agent or trustee)	
30A	Licenses (Government)	
30B	Licenses (Other gaming)	
31A*	Audited financial statement for the last fiscal year	
31B*	Financial statements for the last five years	
32A*	Annual reports for the last five years	
32B*	Annual reports prepared pursuant to securities law for the last five years	
33*	A copy of the last quarterly unaudited financial statement	
34*	Copy(ies) of any interim reports	
35*	A copy of the last definitive proxy or information statement	
36*	A copy of all registration statements for the last five years	
37*	Copies of all other reports prepared in the last five years by independent auditors of the Business Entity	
38*	Certified copies of the Articles of Incorporation, Articles of Organisation, Charter, By-laws, and Operating Agreement and all amendments and proposed amendments	
39A*	Current ownership table of organisation	
39B*	Functional table of organisation for Business Entity filing this form, job descriptions and names of employees	
40*	Copies of tax returns for the last five years	

ITEM 42. AFFIDAVITS AND SIGNATURES

This form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself date the signature of the affiant and indicate the basis of his authority to take oaths and affirmations.

The documents that are to be signed in accordance with these instructions are:

- AFFIDAVIT
- RELEASE AUTHORISATION
- CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES
- WAIVER OF LIABILITY

The President, Chief Executive Officer, General Partner, Managing Member, Sole Proprietor (or such other person holding an equivalent position) shall sign the documents.

AFFIDAVIT

STATE/PROVINCE OF _____ :

SS:

PARISH/COUNTY OF _____ :

I, _____, the _____ of
(NAME) (TITLE/POSITION)

the Business Entity, being duly sworn according to law, on my oath, deposes and says that I make this statement on behalf of the Business Entity, and that the above statements are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue, or the revocation of, a casino gaming license. Further, that I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

NAME OF BUSINESS ENTITY

By _____
SIGNATURE

TITLE

DATE

ACCOUNTANT PREPARING FORM, IF ANY

Subscribed and sworn to

before me this ____ day

of _____, 20__

NOTARY PUBLIC

ATTORNEY PREPARING FORM, IF ANY

RELEASE AUTHORISATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies - federal, state, provincial and local, without exception, both foreign and domestic:

On behalf of _____
(NAME OF BUSINESS ENTITY)

I, _____ have
(NAME OF PERSON SIGNING FORM)

authorized the Jamaica Casino Gaming Commission to conduct a full investigation into the background of said Business Entity.

Therefore, you are hereby authorized to release any and all information pertaining to the said Business Entity, documentary or otherwise, as requested by any employee, agent or representative of the Casino Gaming Commission, provided that he or she certifies to you that said Business Entity is subject to the Casino Gaming Commission's casino gaming licensing procedures under the Casino Gaming Act and the rules and regulations of the Casino Gaming Commission.

This authorisation shall supersede and countermand any prior request or authorisation to the contrary.

A photostatic copy of this authorisation will be considered as effective and valid as the original.

DATE

SIGNATURE

Subscribed and sworn to

before me this _____ day

of _____, 20__

NOTARY PUBLIC

CONSENT TO INSPECTIONS, SEARCHES AND SEIZURES

On behalf of _____ ,
(NAME OF BUSINESS ENTITY)

I, _____ , hereby consent to all inspections, searches
(NAME OF PRESIDENT, CHIEF EXECUTIVE OFFICER OR EQUIVALENT OFFICER)
and seizures as authorized by the Casino Gaming Act and by the rules and regulations of the Casino Gaming Commission.

DATE

SIGNATURE

Subscribed and sworn to
before me this ____ day
of _____, 20__

NOTARY PUBLIC

WAIVER OF LIABILITY

On behalf of _____ ,
(NAME OF BUSINESS ENTITY)

I, _____ ,
(NAME OF PRESIDENT, CHIEF EXECUTIVE OFFICER OR EQUIVALENT OFFICER)

hereby waive liability as to the Minister of Finance and the Casino Gaming Commission and their respective agents for any damages resulting to the said Business Entity from any disclosure or publication of information acquired during the licensing process or during any inquiries, investigations or hearings where such disclosure is permitted under the Casino Gaming Act or the rules and regulations of the Casino Gaming Commission.

DATE

SIGNATURE

Subscribed and sworn to
before me this ____ day
of _____, 20__

NOTARY PUBLIC

ATTACHMENT 1B ORGANIZERS/INCORPORATORS

NAME	LAST KNOWN ADDRESS	OCCUPATION(S)	DATE OF BIRTH

ATTACHMENT 2B OTHER NAMES AND ADDRESSES OF THE BUSINESS ENTITY (Presently Used)

NUMBER AND STREET	LOCALITY	STATE/PROVINCE	COUNTRY	POSTAL CODE

ATTACHMENT 2C OTHER NAMES AND ADDRESSES OF THE BUSINESS ENTITY (Past 10 years)

NUMBER AND STREET	LOCALITY	STATE/PROVINCE	COUNTRY	POSTAL CODE	DATES	
					FROM:	TO:

ATTACHMENT 5 DIRECTORS, MEMBERS, PARTNERS AND TRUSTEES

NAME AND HOME ADDRESS	BUSINESS ADDRESS	DATES POSITION HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE BUSINESS ENTITY	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 6 **FORMER DIRECTORS, MEMBERS, PARTNERS AND TRUSTEES**

NAME AND HOME ADDRESS	OCCUPATION & BUSINESS ADDRESS	DATES POSITION HELD		OCCUPATION OR TITLE, POSITION OR ASSOCIATION WITH THE BUSINESS ENTITY	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 7 **OFFICERS AND EXECUTIVES**

NAME AND HOME ADDRESS	TITLE	DATES OFFICE HELD		BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 8 FORMER OFFICERS AND EXECUTIVES

NAME AND LAST KNOWN HOME ADDRESS	OFFICE HELD	DATES OFFICE HELD		PRESENT OCCUPATION & BUSINESS ADDRESS	DATE OF BIRTH
		FROM:	TO:		

ATTACHMENT 9 COMPENSATION OF DIRECTORS, MEMBERS, PARTNERS, TRUSTEES, OFFICERS AND EXECUTIVES

NAME	COMPENSATION LAST CALENDAR YEAR	COMPENSATION SUBSEQUENT CALENDAR YEAR	FORM OF COMPENSATION

ATTACHMENT 10 **COMPENSATION OVER \$8,000,000 JMD OR \$100,000 USD**

NAME	DATE OF BIRTH	BUSINESS ADDRESS	POSITION AND LENGTH OF TIME EMPLOYED WITH THE BUSINESS ENTITY	AMOUNT OF COMPENSATION

ATTACHMENT 11 **VOTING SHAREHOLDERS, MANAGING MEMBERS AND PARTNERS**

NAME AND HOME ADDRESS	DATE OF BIRTH OR DATE AND PLACE OF FORMATION	CLASS	NUMBER OF SHARES OR OTHER UNITS HELD	% OF OUTSTANDING VOTING/MANAGING UNITS HELD

ATTACHMENT 14 NON-VOTING INTERESTS

NAME AND HOME ADDRESS	DATE OF BIRTH OR DATE AND PLACE OF FORMATION	CLASS	NUMBER OF SHARES OR OTHER UNITS HELD	% OF OUTSTANDING NON-VOTING INTERESTS HELD

ATTACHMENT 15 HOLDERS OF LONG TERM DEBT

NAME AND ADDRESS	DATE OF BIRTH OR DATE AND PLACE OF FORMATION	TYPE AND CLASS OF DEBT INSTRUMENT HELD	AMOUNT OF DEBT HELD (Both Original and Current Balance)

ATTACHMENT 16 HOLDERS OF OTHER INDEBTEDNESS

NAME AND ADDRESS	DATE OF BIRTH OR DATE AND PLACE OF FORMATION	TYPE OF DEBT INSTRUMENT HELD	AMOUNT OF DEBT HELD (Both Original and Current Balance)

ATTACHMENT 17 OPTIONS

NAME	BENEFICIAL OWNER'S ADDRESS	NUMBER OF OPTIONS HELD	MARKET VALUE AT ISSUANCE

ATTACHMENT 18 FINANCIAL INSTITUTIONS

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER(S)	TIME PERIOD ACCOUNT HELD	
			FROM:	TO:

ATTACHMENT19 CONTRACTS AND SUPPLIERS

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED

ATTACHMENT 20 OWNERSHIP INTERESTS HELD BY THE BUSINESS ENTITY

NAME AND ADDRESS OF COMPANY	TYPE OF INTEREST HELD (STOCK, PARTNERSHIP, MEMBER, ETC.)	PURCHASE PRICE	NUMBER OF SHARES OR OTHER UNITS HELD	% OF OWNERSHIP REPRESENTED BY INTEREST HELD

ATTACHMENT 21 INSIDER TRANSACTIONS

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF SHARES OR OTHER UNITS INVOLVED

ATTACHMENT CRIMINAL HISTORY

22

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE

ATTACHMENT TESTIMONY, INVESTIGATIONS OR POLYGRAPHS

23

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

ATTACHMENT 24 TESTIMONY, INVESTIGATION OR POLYGRAPH REFUSALS

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	DATE OF PROCEEDINGS/ INVESTIGATION	CIVIL OR CRIMINAL CONTEMPT CITATION? (SPECIFY)	DISPOSITION OF CONTEMPT CITATION

ATTACHMENT 25 ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS: STATUTORY AND REGULATORY VIOLATIONS

DATE OF OFFENCE	NATURE OF OFFENCE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED

ATTACHMENT 26 **BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**

DATE PETITION FILED OR RELIEF SOUGHT	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT OR RELIEF	DATE ENTERED

ATTACHMENT 27 **BANKRUPTCY OR INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON FOR APPOINTMENT

ATTACHMENT 28

LICENSES (Government)

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON FOR ACTION TAKEN

ATTACHMENT
29

LICENSES (Other gambling)

			NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE LICENSE, PERMIT OR OTHER SUCH NUMBER AND EXPIRATION DATE

THE CASINO GAMING ACT

The Casino Gaming Regulations, 2015

***The Jamaican Supplemental to the Multi-Jurisdictional
Business Entity Form***

1. State name of the Business Entity:
2. State name of Casino Gaming Licensee or of Applicant for Casino Gaming Licence:
- 3.1 Relationship of the Business Entity to Casino Gaming Licensee or to Applicant for Casino Gaming Licence or for temporary Casino Gaming Licence (check the appropriate box)
Direct or Indirect Shareholder:
- Yes
- No
- Other
- 3.2 If the Business Entity is a direct or indirect shareholder:
- (a) Are shares held in the applicant / casino gaming licensee? (check appropriate box)
- Yes No
- (b) If yes, state -
- (i) Each class of shares held
- (ii) Total shareholdings held by the Business Entity in each class:
- (iii) Total issued shares of each class:
- (c) Are shares held in an ultimate parent company of the applicant / casino gaming licensee? (Check appropriate box)
- Yes

No

(d) If yes –

(1) State name, address and place of incorporation:

(2) State –

(i) Each class of shares held –

(ii) Total shareholding held by the Business Entity in each class:

(iii) Total issued shares in each class:

3.3 If Business Entity has relationship with applicant / casino gaming licensee other than as direct or indirect shareholder, briefly describe that relationship:

3.4 (1) Whether or not the Business Entity or any of its directors, officers or any of its senior employees reporting directly to the chief executive officer or any spouse of such director, officer or employee has ever been charged with a criminal offence in any jurisdiction

(2) In respect of each such charge –

(a) name of person charged and, if other than the Business Entity, position held with the Business Entity or as the case may be the director, officer or employee of which the person in spouse _____;

(b) the nature of the charge, and date of charge _____;

(c) jurisdiction in which offence is alleged to have been committed _____;

(d) name and location of –

(i) law enforcement agency _____;

(ii) Court of trial _____;

(e) outcome of charge _____;

3.5 (1) Whether or not the applicant is involved in any civil litigation (other than insured litigation) in any jurisdiction whether as plaintiff or defendant in which damages may be awarded in excess of one hundred thousand in the currency of the United States of America

US\$100,000.00 or the equivalent in Jamaican currency _____
_____.

(2) In respect of each such litigation the following information –

- (a) names of the parties _____
_____;
- (b) number, title or other designation identify the action in the assigned court
_____;
- (c) jurisdiction and name and location of court to which the action is assigned
_____.

SIGNED on behalf of _____)

_____) _____
(Name of Business Entity) (Signature)

by _____)

(NAME))

) _____
(TITLE)) (Signature)

)

_____) _____
(NAME))

)

_____) _____
(TITLE))

THE CASINO GAMING ACT

The Casino Gaming Regulations, 2015

Application Form for Personal Licenses

**APPLICATIONS FOR PERSONAL LICENCE
(SECTION 31 OF THE CASINO GAMING ACT)**

The undersigned hereby applies to the Casino Gaming Commission for a licence pursuant to section 31 of the Casino Gaming Act to hold the specified office mentioned below and in that connection the undersigned hereby represents as follows:

1. Full Name: _____
2. Address: _____

3. Telephone Nos. _____(H) _____(M) _____(Other)
4. Email: _____
5. Nationality: _____
6. Post for which licence is being required: _____
7. Name of Casino Gaming licensee offering the post: _____
8. Have you previously been issued with a personal licence by the commission [Y/N]: _____
9. If yes, provide licence number and date of issue:
 - a. Licence Number: _____
 - b. Date of Issue: _____
10. List all documents attached with the application:
 - a. Personal History Disclosure Form [Y/N]: _____
 - b. Application Fee [Y/N]: _____
 - c. Other: _____

Signature: _____

Date:

THE CASINO GAMING ACT

The Casino Gaming Regulations, 2015

Personal History Disclosure Form

I. INSTRUCTIONS FOR COMPLETING THIS FORM:

- A. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. Failure to provide a response to every question could result in the rejection of any application to which this filing is related.
- B. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If it is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form will result in its rejection.
- C. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
- D. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.

II. ESTABLISHING YOUR IDENTITY:

You must establish your identity. To establish your identity, you must present certified copies of the document(s) listed below in A or B.

- A. A current and valid Jamaican Passport OR Certificate of Naturalization OR a current identification card issued by the Jamaican government containing a photograph and fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address.
- B. If the items in (A) above are not available, two of the following authentic documents will be accepted:
 - 1. A certified copy of a birth certificate issued by a government agency and having an official seal;
 - 2. A current and valid government issued driver's licence that has a photograph and/or identifying information;
 - 3. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
 - 4. A current and valid identification card issued by a government agency that has a photograph and/or identifying information; or
 - 5. A current and valid foreign passport.

NOTE: If the name on any of the provided identification is different than the name on this form, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

III. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:

- A. You have established your identity in accordance with Section II above and attached copies of these documents to this form.
- B. All attachments required in this form are labeled with an exhibit number and included in both the original and the photocopy.
- C. The Statement of Truth and Release Authorisation forms are notarized on the original application.
- D. Every question has been answered completely.
- E. You initial each page of this form in the space provided.
- F. You retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE COMMISSION:

- A. Submit this form as an original and three (3) photocopies of the form and attachments. Please mail the completed form to:

Casino Gaming Commission
Licensing Unit



- B. If the photocopies of this form are not clear, it **will not be accepted**.
- C. The Commission may require you to be fingerprinted in connection with this filing. If the Commission directs you to be fingerprinted, **you must be fingerprinted within thirty (30) days after you file this form with the Commission**. Copies of fingerprints submitted to the Commission must be taken and certified by appropriate law enforcement officials in your country of residence. Failure to be fingerprinted when required shall be a basis for a finding that you are not a fit and proper person.
- D. Once this form is accepted it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding this filing will be sent to the address which you provide on this form. You must immediately notify the Commission of any change of address.
- C. Failure to answer any question completely and truthfully may result in a determination that you are not a fit and proper person.
- D. You are required to produce sufficient information, documentation, and assurances to the Commission to establish that you are a fit and proper person.

PERSONAL HISTORY DISCLOSURE FORM

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)	FIRST	MIDDLE		
MAILING ADDRESS: (NUMBER AND STREET)	(APT #)	(LOCALITY)	(POSTAL CODE)	(COUNTRY)
HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS) (NUMBER AND STREET)	(APT #)	(LOCALITY)	(POSTAL CODE)	(COUNTRY)
HOME TELEPHONE NUMBER: (AREA CODE) (NUMBER)	TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT (AREA CODE) (NUMBER) (EXTENSION)			

PLEASE CHECK APPROPRIATE SPACE -

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">HAIR COLOR:</th> <th style="width: 20px;"></th> </tr> <tr> <td><input type="checkbox"/> (BK) BLACK</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (BR) BROWN</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (BD) BLOND</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (RD) RED</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (GY) GRAY</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (WH) WHITE</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (BA) BALD</td> <td><input type="checkbox"/></td> </tr> </table>	HAIR COLOR:		<input type="checkbox"/> (BK) BLACK	<input type="checkbox"/>	<input type="checkbox"/> (BR) BROWN	<input type="checkbox"/>	<input type="checkbox"/> (BD) BLOND	<input type="checkbox"/>	<input type="checkbox"/> (RD) RED	<input type="checkbox"/>	<input type="checkbox"/> (GY) GRAY	<input type="checkbox"/>	<input type="checkbox"/> (WH) WHITE	<input type="checkbox"/>	<input type="checkbox"/> (BA) BALD	<input type="checkbox"/>	<p>EYE COLOR:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> (BK) BLACK</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (BR) BROWN</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (HZ) HAZEL</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (BL) BLUE</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (GY) GRAY</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (GR) GREEN</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> (BK) BLACK	<input type="checkbox"/>	<input type="checkbox"/> (BR) BROWN	<input type="checkbox"/>	<input type="checkbox"/> (HZ) HAZEL	<input type="checkbox"/>	<input type="checkbox"/> (BL) BLUE	<input type="checkbox"/>	<input type="checkbox"/> (GY) GRAY	<input type="checkbox"/>	<input type="checkbox"/> (GR) GREEN	<input type="checkbox"/>	<p>SEX: *</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> (M) MALE</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (F) FEMALE</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> (M) MALE	<input type="checkbox"/>	<input type="checkbox"/> (F) FEMALE	<input type="checkbox"/>	<p>RACE: *</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> (C) CAUCASIAN</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (B) BLACK</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (H) HISPANIC</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (A) ASIAN</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> (C) CAUCASIAN	<input type="checkbox"/>	<input type="checkbox"/> (B) BLACK	<input type="checkbox"/>	<input type="checkbox"/> (H) HISPANIC	<input type="checkbox"/>	<input type="checkbox"/> (A) ASIAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*YOUR RESPONSE IS OPTIONAL.

DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.

IMPORTANT

**FAILURE TO ANSWER ANY QUESTION ON THIS
FORM COMPLETELY AND TRUTHFULLY MAY
RESULT IN DENIAL OF ANY APPLICATION CONNECTED
WITH THIS FILING**

AFFIX A COLOR PHOTOGRAPH
HERE THAT WAS TAKEN WITHIN
THE PAST SIX MONTHS

PRINT YOUR NAME ON THE FRONT
BOTTOM BORDER OF THE
PHOTOGRAPH BEFORE
ATTACHING IT.

DO NOT WRITE ON THIS PAGE

THIS PAGE FOR OFFICIAL USE ONLY

Name _____

Date of Birth _____

Any one of the following:

_____ Jamaican Passport Expiration Date _____

_____ Certificate of Naturalization

_____ Jamaican Government Identification Card Expiration Date _____

Specify Status _____

OR, any two of the following:

_____ Certified Birth Certificate

_____ Motor Vehicle Operator's Licence Expiration Date _____

Jurisdiction _____

_____ Student Identification

_____ Government Identification Card

Specify _____

_____ Foreign Passport Expiration Date _____

Country _____

Comments:

Authorized by _____

Date: _____

1. Provide the following information about the casino operator or casino gaming licence applicant with which you are seeking to be associated and your position with it:

Name of the casino operator or casino gaming licence applicant

Title of position you hold or will hold in the casino operator or casino gaming licence applicant

If applicable, the name of the business entity associate(s) of the casino operator or casino gaming licence applicant with which you have or will have any position(s), and a brief description of such position(s)

2. Are you a citizen of Jamaica? Yes No |

3. If you are a naturalized citizen of Jamaica, attach a copy of your Certificate of Naturalization to this form labeled as Exhibit 3.

4. If you are not a citizen of Jamaica, please indicate:

A. The country of which you are a citizen: _____

B. Place of Birth _____
LOCALITY STATE/PROVINCE COUNTRY

RESIDENCE DATA

5. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past fifteen years or since the age of 18, whichever is less.

DATES		ADDRESS (NO., STREET, APT., LOCALITY, COUNTRY AND POSTAL CODE)	TELEPHONE NUMBER
FROM: (MO/YR)	TO: (MO/YR)		

FAMILY DATA

6. Circle your current marital status: Single Married Legally separated Divorced Widow/Widower

- A. Give the name of your present spouse:
- B. List all former spouses:

MILITARY SERVICE DATA

- 7. Have you ever served in a military organisation in any jurisdiction or been an active or inactive member of the reserve forces of any jurisdiction? Yes No
- 8. Have you ever been tried by military court martial or have you had charges filed against you under the military justice law of any jurisdiction? Yes No

If yes, give details of the charge(s) and their disposition(s).

EMPLOYMENT AND LICENSING DATA

9. In the chart below, provide the information regarding your employment for the past fifteen years or since the age of 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*) any gaming-related employment (such as casino gaming, horse racing or dog racing, pari-mutuel operation, lottery, sports betting, etc.).

DATES		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
FROM: (MO/YR)	TO: (MO/YR)				

10. Do you have any direct or indirect ownership interest, financial interest or financial investment in any business entity that is a casino operator or applicant for a casino gaming licence?

Yes

If yes, complete the following chart:

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	LICENCE/APPLICATION STATUS

11. Have you ever applied in any other jurisdiction for a licence, permit, registration or other authorisation to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENCE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENCE, PERMIT, APPROVAL OR REGISTRATION NUMBER

17. Have you ever had a civil or criminal record expunged or sealed by court order?

Yes

**** IF YOU HAVE ANY RECORDS RELATING TO ANY ADMINISTRATIVE, CIVIL, OR CRIMINAL CHARGE, OFFENCE, ARREST OR CONVICTION, WHICH HAVE BEEN EXPUNGED OR SEALED BY COURT ORDER, ATTACH A COPY OF THE EXPUNGEMENT OR SEALING ORDER TO THIS SUPPLEMENTAL FORM LABELED AS EXHIBIT 17.**

18. Have you ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, parish, county, state, federal, national, etc.) other than in response to a traffic summons?

Yes

If yes, complete the following chart

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

19. Have you ever refused to take a polygraph exam?

Yes

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	REASON FOR REFUSAL?	DATE OF REFUSAL

20. Have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation?

Yes

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANISATION	NATURE OF CHARGE	DATE	DISPOSITION

a) In the past fifteen years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.).

Yes

b) Have you ever had any financial liens or judgments filed against you? (Include tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.).

Yes

If yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

VEHICLE OPERATOR DATA

22. Do you possess a current motor vehicle operator licence?

Yes

If yes, list all current motor vehicle operator licences issued to you by any jurisdiction in the following chart:

DATE LAST ISSUED	LICENCE NUMBER	TYPE OF LICENCE	JURISDICTION ISSUING LICENCE	EXPIRATION DATE OF LICENCE

23. Have you ever had a motor vehicle operator licence revoked and/or suspended?

Yes

If yes, complete the following chart:

TYPE OF LICENCE, PERMIT OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	DATE OF SUSPENSION OR REVOCATION	REASON(S) FOR SUSPENSION OR REVOCATION

FINANCIAL DATA

24. Within the past fifteen years, have you held an ownership interest in any business(es)?
(Do **not** include publicly traded corporations in which you owned stock.)

If yes, beginning with the most recent and working backwards, provide the following information with regard to all business(es) in which you have held an ownership interest.

DATES					
FROM: (MO/YR)	TO: (MO/YR)	NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)

25. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency law? If yes, attach a copy of the bankruptcy petition and discharge, if granted.

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

26. In the past fifteen years has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly traded corporation) or in which you served as a director, member, partner, trustee, officer or executive been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

27. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past fifteen year period?

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

28. Have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction during the past fifteen year period?

Yes

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

29. Have you filed any claims in excess of \$8,000,000 JMD or \$100,000 USD under any fire, theft, automobile or insurance policy within the past fifteen year period?

Yes

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION

33. a) Do you have any bank accounts or safe deposit boxes in your name?
 b) Do you have access to the funds in any other bank accounts or safe deposit boxes?

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

34. State when you filed your last income tax return, the tax period it covered, and in what jurisdiction it was filed.

Date Filed _____ Period Covered: _____

Jurisdiction(s): _____

Attach to the back of this form and label as Exhibit 34, a copy of each income tax return and all appropriate schedules filed by you in the last three years in the jurisdiction in which you principally reside.

35. Has your income tax return ever been audited or adjusted in any jurisdiction?

Yes

If yes, for what tax year(s)? _____

36. Have you ever failed to file an income tax return in any jurisdiction to do so?

Yes

If yes, for what tax year(s)? _____

NET WORTH STATEMENT -- ASSETS AND LIABILITIES

NOTE: Complete the following financial statements and copy the totals in the appropriate space below.

<p>37. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.</p>				<p>38. Please list all liabilities of you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.</p>		
				LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY			
1. Cash				10. Notes Payable (Schedule I)		
a) On Hand		a)		11. Loans and Other Payables (Schedule J)		
b) In bank (Schedule A)		b)	b)	12. Taxes Payable (Schedule K)		
2. Loans, Notes and Other Receivables (Schedule B)				13. Mortgages or Liens on Real Estate (Schedule L)		
3. Securities (Schedule C)				14. Loans Against Insurance/Pensions (Schedule M)		
4. Real Estate Interests (Schedule D)				15. Other Indebtedness (Schedule N)		
5. Cash Value Life Insurance (Schedule E)				TOTAL LIABILITIES		
6. Cash Value Pension/Retirement Funds (Schedule F)				NET WORTH		
7. Furniture and Clothing (Reasonable Estimate)				Total Assets (From Column B)		
8. Vehicles (Schedule G)				less Total Liabilities (From Column D)		
9. Other (Schedule H)				16. Contingent Liabilities (Schedule O)		
TOTAL ASSETS				Date of Statement _____		
				Please provide the name, address and phone number of the person completing this statement if it is completed by someone other than you.		
				Name _____		
				Address _____		
				Phone _____		

SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES

40. List below all loans, notes and other receivables held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN	TOTAL PAYMENTS	DATE DUE	NATURE OF SECURITY, IF ANY, INDICATE IF UNSECURED	CURRENT BALANCE
			\$					\$
			TOTAL ORIGINAL LOAN AMOUNT(S) (Enter this figure in item 2, column A.)					TOTAL CURRENT BALANCE (Enter this figure in item 2, column B.)

SCHEDULE "C" - SECURITIES

41. Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% of Ownership If Greater than 5%	REGISTE RED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
					\$				\$
					TOTAL PURCHASE PRICE (Enter this figure in item 3, column A.)				TOTAL CURRENT MARKET VALUE (Enter this figure in item 3, column B.)

SCHEDULE "D" - REAL ESTATE INTERESTS

42. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
						TOTAL PURCHASE PRICE (Enter this figure in item 4, column A.)		TOTAL CURRENT MARKET VALUE (Enter this figure in item 4, column B.)

SCHEDULE "E" - CASH VALUE - LIFE INSURANCE

43. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE	EFFECTIVE DATE OF CASH SURRENDER VALUE
						<p align="center">TOTAL CASH SURRENDER VALUE (Enter this figure in item 5, column B.)</p>	

SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS

44. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds* held by you or your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside).

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
				\$			
				TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in item 6 column A.)		TOTAL CURRENT CASH VALUE (Enter this figure in item 6, column B.)	

SCHEDULE "G" - VEHICLES

45. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside), or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED *	DATE OF PURCHASE/ LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST **	IF OWNED, CURRENT MARKET VALUE
						\$	\$
<p>* If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.</p> <p>** If leased, enter the sum of the down payment plus monthly payments to date as the total cost.</p>						<p>TOTAL COST(S) OF VEHICLES (Enter this figure in item 8, column A.)</p>	<p>TOTAL CURRENT MARKET VALUE OF VEHICLES (Enter this figure in item 8, column B.)</p>

SCHEDULE "H" - OTHER ASSETS

46. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or your dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and limited liability companies. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
			TOTAL COST(S) OF OTHER ASSETS (Enter this figure in item 9, column A.)			TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in item 9, column B.)

SCHEDULE "I" - NOTES PAYABLE

47. List below the information requested with regard to all notes payable for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
							\$			\$
							TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in item 10, column C.)			TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in item 10, column B.)

SCHEDULE "J" - LOANS AND OTHER PAYABLES

48. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	OPENED OR INCURRED DATE	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
							\$			\$
							TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in item 11, column C.)			TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in item 11, column D.)

SCHEDULE "K" – TAXES PAYABLE

49. List below the information requested with regard to all taxes payable for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside), or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			\$		\$
			TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in item 12, column C.)		
					TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in item 12, column D.)

SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

50. List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE
				\$				\$
				TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column C.)				TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in item 13, column D.)

SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS

51. List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/PAY PERIOD	CURRENT LOAN BALANCE
			\$				\$
			TOTAL ORIGINAL LIABILITY INSURANCE / PENSION LOANS (Enter this figure in item 14, column C.)				TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in item 14, column D.)

SCHEDULE "N" - ANY OTHER INDEBTEDNESS

52. List below the information requested with regard to any other indebtedness for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$	\$
						TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in item 15, column C.)	TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in item 15, column D.)

SCHEDULE "O" - CONTINGENT LIABILITIES

53. List below the information requested with regard to all contingent liabilities for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION, INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$	\$
						TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in item 16, column C.)	TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in item 16, column D.)

54. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name _____	Business Address _____
Address _____	_____
_____	Occupation _____
Telephone No. _____	How long have you known the reference? _____

REFERENCE TWO

Name _____	Business Address _____
Address _____	_____
_____	_____

Telephone No. _____

Occupation _____
How long have you known the reference?

REFERENCE THREE

Name _____
Address _____

Business Address _____

Telephone No. _____

Occupation _____
How long have you known the reference?

55. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

USE ADDITIONAL PAGES IF NECESSARY

STATEMENT OF TRUTH

_____, being duly sworn

PRINT NAME

according to law deposes and says:

- 1. I am the person who is submitting this form.
- 2. I personally supplied the information contained in this form.
- 3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
- 4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED:

(Signature of Applicant)

(LEGAL SIGNATURE)

Subscribed and sworn to

before me this _____ day

of _____, 20 __.

NOTARY PUBLIC

JURISDICTION

RELEASE AUTHORISATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies - federal, state, provincial and local, without exception, both foreign and domestic:

I, _____, have
(PRINT NAME)

authorized the Jamaica Casino Gaming Commission to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Casino Gaming Commission provided that he or she certifies to you that I am subject to the Casino Gaming Commission’s casino gaming licensing procedures under the Casino Gaming Act and the rules and regulations of the Casino Gaming Commission.

This authorisation shall supersede and countermand any prior request or authorisation to the contrary.

A photostatic copy of this authorisation will be considered as effective and valid as the original.

DATED:

(Signature of Applicant)

(LEGAL SIGNATURE)

Subscribed and sworn to

before me this _____ day

of _____, 20 __.

NOTARY PUBLIC

STATE

THE CASINO GAMING ACT

The Casino Gaming Regulations, 2015

***Jamaican Supplemental to the Multi-Jurisdictional Personal History
Disclosure Form***

This form is a supplement to the MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi Jurisdictional form in Jamaica, you are required to file this supplemental form with that form.

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. Failure to provide a response to every question could result in the rejection of any application with which this filing is connected.
- B. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If it is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form will result in its rejection.
- C. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
- D. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.

II. ESTABLISHING YOUR IDENTITY:

You must establish your identity. To establish your identity, you must present certified copies of the document(s) listed below in A or B.

- A. A current and valid Jamaican Passport OR Certificate of Naturalization OR a current identification card issued by the Jamaican government containing a photograph and fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address.
- B. If the items in (A) above are not available, two of the following authentic documents will be accepted:
 - 1. A certified copy of a birth certificate issued by a government agency and having an official seal;
 - 2. A current and valid government issued driver's licence that has a photograph and/or identifying information;
 - 3. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;

4. A current and valid identification card issued by a government agency that has a photograph and/or identifying information; or
5. A current and valid foreign passport.

NOTE: If the name on any of the provided identification is different than the name on this form, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

III. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:

- A. You have established your identity in accordance with Section II above and attached copies of these documents to this form.
- B. All attachments required in this form and in the Multi Jurisdictional Personal History Disclosure Form are labeled with an exhibit number included in both the original and the photocopies filed with the Commission.
- C. The Statement of Truth form in the Multi Jurisdictional Personal History Disclosure Form and the Release Authorisation form attached to this Jamaica Supplement are notarized on the original application.
- D. Every question has been answered completely.
- E. You initial and date each page of this form in the spaces provided.
- F. You retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE COMMISSION:

- A. Submit this form and the Multi Jurisdictional Personal History Disclosure Form and all attachments as an original and three (3) photocopies. Please mail the completed form to:

Casino Gaming Commission
Licensing Unit

- B. If the photocopies of these forms are not clear, it **will not be accepted**.
- C. The Commission may require you to be fingerprinted in connection with this filing. If the Commission directs you to be fingerprinted, **you must be fingerprinted within thirty (30) days after you file this form with the Commission**. Copies of fingerprints submitted to the Commission must be taken and certified by appropriate law enforcement officials in your country of residence. Failure to be fingerprinted when required shall be a basis for a finding that you are not a fit and proper person.
- D. Once this form is accepted it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.

V. IMPORTANT NOTICES

- A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding this filing will be sent to the address which you provide on this form. You must immediately notify the Commission of any change of address.
- C. Failure to answer any question completely and truthfully may result in a determination that you are not a fit and proper person.
- D. You are required to produce sufficient information, documentation, and assurances to the Commission to establish that you are a fit and proper person.

**JAMAICA SUPPLEMENTAL FORM
MULTI JURISDICTIONAL
PERSONAL HISTORY DISCLOSURE FORM**

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)	FIRST	MIDDLE		
MAILING ADDRESS (NUMBER AND STREET)	(APT#)	(LOCALITY)	(POSTAL CODE)	(COUNTRY)
HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS) (NUMBER AND STREET)	(APT#)	(LOCALITY)	(POSTAL CODE)	(COUNTRY)
HOME TELEPHONE NUMBER: (AREA CODE)	(NUMBER)	TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT (AREA CODE)	(NUMBER)	(EXTENSION)

-----PLEASE CHECK APPROPRIATE SPACE-----

<u>HAIR COLOR:</u>	<u>EYE COLOR:</u>	<u>SEX:*</u>	<u>RACE:*</u>
<input type="checkbox"/> (BK) BLACK	<input type="checkbox"/> (BK) BLACK	<input type="checkbox"/> (M) MALE	<input type="checkbox"/> (C) CAUCASIAN
<input type="checkbox"/> (BR) BROWN	<input type="checkbox"/> (BR) BROWN	<input type="checkbox"/> (F) FEMALE	<input type="checkbox"/> (B) BLACK
<input type="checkbox"/> (BD) BLOND	<input type="checkbox"/> (HZ) HAZEL		<input type="checkbox"/> (H) HISPANIC
<input type="checkbox"/> (RD) RED	<input type="checkbox"/> (BL) BLUE		<input type="checkbox"/> (A) ASIAN
<input type="checkbox"/> (GY) GRAY	<input type="checkbox"/> (GY) GRAY		
<input type="checkbox"/> (WH) WHITE	<input type="checkbox"/> (GR) GREEN		
<input type="checkbox"/> (BA) BALD			

*YOUR RESPONSE IS OPTIONAL

DO NOT WRITE ON THIS PAGE
THIS PAGE FOR OFFICIAL USE ONLY

Name _____

Date of Birth _____

Any one of the following:

_____ Jamaican Passport Expiration Date _____

_____ Certificate of Naturalization

_____ Jamaican Government Identification Card Expiration Date _____

Specify Status _____

OR, any two of the following

_____ Certified Birth Certificate

_____ Motor Vehicle Operator's Licence Expiration Date _____

Jurisdiction _____

_____ Student Identification

_____ Government Identification Card

Specify _____

_____ Foreign Passport Expiration Date _____

Country _____

Comments: _____

Authorized by: _____

Date: _____

1. Provide the following information about the casino operator or casino gaming licence applicant with which you are seeking to be associated and your position with it:

Name of the casino operator or casino gaming licence applicant

Title of the position you hold or will hold in the casino operator or casino gaming licence applicant

If applicable, the name of the business entity associate(s) of the casino operator or casino gaming licence applicant with which you have or will have any position(s), and a brief description of such position(s)

2. Do you have any direct or indirect ownership interest, financial interest or financial investment in any business entity that is a casino operator or applicant for a casino gaming licence?

Yes No

If yes, complete the following chart:

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	LICENCE/APPLICATION STATUS

3. Have you ever had a civil or criminal record expunged or sealed by court order?

Yes No

If yes, when? _____ Where? _____

**** IF YOU HAVE ANY RECORDS RELATING TO ANY ADMINISTRATIVE, CIVIL, OR CRIMINAL CHARGE, OFFENCE, ARREST OR CONVICTION, WHICH HAVE BEEN EXPUNGED OR SEALED BY COURT ORDER, ATTACH A COPY OF THE EXPUNGEMENT OR SEALING ORDER TO THIS SUPPLEMENTAL FORM LABELED AS EXHIBIT 3.**

4. State when you filed your last income tax return, the tax period it covered, and in what jurisdiction it was filed.

Date Filed: _____ Period Covered: _____

Jurisdiction(s): _____

Attach to the back of this form and label as Exhibit 5, a copy of each income tax return and all appropriate schedules filed by you in the last three years in the jurisdiction in which you principally reside.

5. Has your income tax return ever been audited or adjusted in any jurisdiction?

Yes No

If yes, for what tax year(s)? _____

6. Have you ever failed to file an income tax return in any jurisdiction when required to do so?

Yes No

If yes, for what tax year(s)? _____

RELEASE AUTHORISATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies - federal, state, provincial and local, without exception, both foreign and domestic:

I, _____, have
(PRINT NAME)

authorized the Jamaica Casino Gaming Commission to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Casino Gaming Commission provided that he or she certifies to you that I am subject to the Casino Gaming Commission’s casino gaming licencing procedures under the Casino Gaming Act and the rules and regulations of the Casino Gaming Commission.

This authorisation shall supersede and countermand any prior request or authorisation to the contrary.

A photostatic copy of this authorisation will be considered as effective and valid as the original.

DATED: _____ (LEGAL SIGNATURE)
(Signature)

Subscribed and sworn to

before me this _____ day

of _____, 20____

NOTARY PUBLIC

JURISDICTION

Finance and Planning