



The Directorate of Offshore Gaming

APPLICATION FOR AN INTERACTIVE GAMING OR INTERACTIVE WAGERING LICENCE

Schedule "D":

"RENEWAL APPLICATION INFORMATION PACKAGE"

This is **Schedule "D1"** to the Regulations concerning Interactive Gaming and Interactive Wagering

All information provided by the Applicant to the Directorate of Offshore Gaming will be held in the strictest confidence and will not be used by the Directorate for any purpose other than matters pertaining to this application unless it is required for the administration or enforcement of the Regulations or if it is related to an official investigation.

THIS RENEWAL APPLICATION INFORMATION PACKAGE CONTAINS THE FOLLOWING DOCUMENTS. PLEASE ENSURE YOUR PACKAGE IS COMPLETE

1. Instructions for completion.
2. Oath or Solemn Affirmation.
3. Authority for release of information.
4. Renewal Application Form.
5. Attachment page.

INSTRUCTIONS FOR COMPLETION

1. This Renewal Application package must be completed by each director, partner and chief executive officer of the applicant Business Entity, duly authorized key person, and shareholder with five (5%) percent or more ownership of or controlling interest in the applicant Business Entity.
2. Type or print in BLOCK LETTERS an answer to every question.
3. If a question does not apply, state "N/A" in response to that question.
4. If there is nothing to disclose in reply to a particular question, state "nil" in response to that question.
5. If there is insufficient space on a printed form in which to answer a question, additional information may be provided on an attachment page, a form for which is attached.
6. When required to use an attachment page, precede each answer thereon with the title applicable to that question.
7. All dates should be completed in the form: Day/Month/Year.
8. This form is to be completed in the English language. Any documents required to be provided are to have a certified English translation appended.
9. Failure to give true and correct answers to any questions in this form will be grounds for the Directorate to refuse an application or revoke a license that has been granted on the basis of untrue or incorrect information.
10. The completed form should be forwarded by registered mail or courier to:

The Directorate of Offshore Gaming
The First Caribbean Financial Centre
Old Parham Road
St. John's
Antigua
11. The Renewal Application package should be sealed in an envelope and marked "Private and confidential".
12. The applicant should make sure the application is accompanied by a Certificate of Good Standing from the International Financial Services Regulatory Commission.
13. The applicant is expected to fill out Schedule "D-1" for the Business Entity and Schedule "D-2" for any Director, Partner, Chief Executive Officer of the applicant seeking renewal.
14. Any further enquiries should be directed to the Directorate.

AUTHORITY FOR RELEASE OF INFORMATION

I, _____ of _____
(Full Name) *(Address)*

grant an authority on the following terms:

1. I authorize the Directorate of Offshore Gaming (the "Directorate") and any person conducting any investigations or enquiries on behalf of the Directorate, to cause to be made investigations about me for the purposes of determining my suitability for the purposes of an Interactive Gaming or Interactive Wagering License under the Interactive Gaming and Wagering Regulations concerning Interactive Gaming and Interactive Wagering (the "Regulations").
2. I authorize the Directorate and any person conducting any investigations or enquiries on behalf of the Directorate for the purpose of the Law and the Regulations (Collectively referred to herein as the "Authorized Persons"), to obtain any information and make any investigations or enquiries which relate to me and may be relevant to any of the purposes of the Law and Regulations, in any jurisdiction.
3. I authorize the manager or other principal officer of any branch or office of a bank or financial institution in any jurisdiction to whom a copy of this release is presented to allow any Authorized Person to inspect and obtain copies of, or to release to any authorized person, any record, document or other information of any kind in written, electronic or any other form, which relates to me and is held by the bank or financial institution.
4. I authorize any officer of any police service, law enforcement agency or regulatory body in any jurisdiction to whom a copy of this release is presented to release to any Authorized Person any information or official record of any kind in written, electronic or any other form, which relates to me and is held by the police service, agency or body, including any information relating to my personal and criminal history.
5. I will at all times sufficiently indemnify the Authorized Persons and keep the Authorized Persons indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against the Authorized Persons or incurred or become payable by the Authorized Persons in respect thereof.

Signed at: _____ this _____ day of _____, _____.

Signature: _____ Signature of Witness _____

Print name of Witness _____

APPLICATION FOR RENEWAL OF AN INTERACTIVE GAMING OR INTERACTIVE WAGERING LICENCE

Please state:

1. Full Registered name of Business Entity: _____

2. Full Name of Antiguan and Barbudan Corporation holding an interactive license:

3. Is the license for interactive gaming or interactive wagering or both? _____

4. Explain what steps you have taken to prevent money laundering:

5. Explain whether you have taken steps to report fraud or suspicious transactions or other illegal activity? Include also, any number of suspicious activity reports that you have forwarded to the Directorate.

6. Explain what steps you have taken to discourage compulsive gambling.

7. Explain what steps you have taken to prohibit underage gambling.

8. List any changes in the status of gaming or wagering licenses in those jurisdictions outside of Antigua and Barbuda where business entity has a license or has sought a license.

9. Has there been any change in the address of the registered office, address of principle place of business, mailing address, telephone, FAX, E-mail, URL of homepage, name of authorized representative since the time of business entity having filled Schedule "A" when applying for an interactive gaming or interactive wagering license?

Yes No

If yes, please give details on an attachment page.

10. How many player complaints have you received since commencing interactive operations in Antigua and Barbuda? What was the result of each complaint? If the matter went to arbitration, list the arbitration entity and the result.

11. Were you ever fined or reprimanded by the Directorate?

Yes No

If yes, please give details on an attachment page.

12. Were you ever fined or reprimanded by the Free Trade and Processing Zone?

Yes No

If yes, please give details on an attachment page.

13. Were you ever fined or reprimanded by the International Financial Services Regulatory Commission? If so, please explain.

Yes No

If yes, please give details on an attachment page.

14. Were you ever unable to pay a winning or prizes due to a customer? If so, please explain.

Yes No

If yes, please give details on an attachment page.

15. Has there been any change in your primary objectives and business activities?

Yes No

If yes, please give details on an attachment page.

16. Is the Business Entity a member of the Interactive Gaming Council or any other Internet gaming or betting associations, or any other gaming associations such as the International Association of Gaming Attorneys?

Yes No

If so, how long has the Business Entity been a member?

17. On attachment page, provide full details of changes in all parent, holding subsidiary and related business entities (attach flowchart) including details as to the nature of the relationships with the applicant Business Entity, the names of key persons, directors, shareholders, partners and chief executive officers of the related business entities and the business conducted by each related business entity.

18. Has there been any change in those business entities in which the Business Entity identified in Schedule "A" having controlling or ownership interest in excess of five (5%) percent?

Yes No

If yes, please give details on an attachment page.

19. Since the submission of Schedule "A" has there been any new litigation, criminal, regulatory or civil, taken by or against the Business Entity?

Yes No

If yes, please include the name of the jurisdiction(s) in which the action(s) were brought, court file number(s) and the outcome of each action.

20. Since the submission of Schedule "A" has there been any pending criminal, regulatory or civil litigation, by or against Business Entity, including the name of the jurisdiction(s) in which the action(s) are proceeding and court file number(s).

Yes No

21. Since the submission of Schedule "A" has there been any change for any director, partner, chief executive officer of the Business Entity or any shareholder with more than five (5%) percent voting or ownership interest in the Business Entity as to address, telephone numbers and any other relevant matter.

Yes No

22. Please attach certified copies of the audited and, if applicable, published financial statements of the Business Entity since the filing of Schedule "A".

23. Please attach certified copies of the audited and, if applicable, published financial statements of any parent or holding business entity since the filing of Schedule "A".

24. Furnish full details of any persons, companies or institutions from which the Business Entity has current loans or has obtained funds on loan since the filing of Schedule "A".

25. Advise if there has been any substantial change to the financial situation of the Business Entity since filing of Schedule "A". If so, provide full details.

26. Supply details (name, branch and account number) of all bank accounts presently operated by the Business Entity.

27. Confirm that if requested:

(i) The Business Entity will produce certified copies of its income tax returns;
Yes No

(ii) The Business Entity will produce copies of minutes of shareholder and directors Meetings;
Yes No

(iii) The Business Entity will produce any information relevant to the published financial statements;
Yes No

(iv) The Business Entity will authorize the release of any other information required by the Directorate; Yes No

(v) The Business Entity will provide full details of any other directorships, partnerships or other business interests or affiliations with which the key person, directors, associated shareholders with more than five (5%) voting or ownership interest in the Business Entity, partners and chief executive officers of the Business Entity are currently or previously associated.

Yes No

28. Since time of filing Schedule "A" has the interactive gaming or interactive wagering license been used as collateral against any indebtedness?

Yes No

If yes, please give details on an attachment page.

29. Since time of filing Schedule "A" has there been any change in the status of Business Entity, key person, director, partner, chief executive officer or any shareholder with more than five (5%) percent voting or ownership in the Business Entity's association with the ownership, administration or management of:

- | | | | |
|-------|--|------------------------------|-----------------------------|
| (i) | A casino; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) | Keno or lottery operations; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) | Interactive gaming or interactive betting; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iv) | Race wagering or wagering operations; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) | The manufacture, assembling, selling, distributing, importing, supplying or repairing of gaming or gaming related machines, on-line machines | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please provide details on an attachment page.

30. Since the filing of Schedule "A" has there been any change in the status of the Business Entity in any interest, financial or otherwise, in any business entity or with any person, or has the Business Entity provided any financial assistance or other support to any other business entity or person involved with the ownership, administration or management of:

- | | | | |
|-------|--|------------------------------|-----------------------------|
| (i) | A casino; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) | Keno or lottery operations; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iii) | Interactive gaming or interactive betting; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (iv) | Race wagering or wagering operations; | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

- (v) The manufacture, assembling, selling, distributing, importing, supplying or repairing of gaming or gaming related machines, on-line machines?

Yes No

If yes, please provide details on an attachment page.

31. Since the filing of Schedule "A" has the Business Entity changed its name?

Yes No

If yes, please give details on an attachment page.

This application is accompanied by:

- A. A completed Personal Information Form (**D-2**) in respect of each director, partner and chief executive officer of the applicant, and shareholder with five (5%) percent or more ownership of or controlling interest in the applicant and;
- B. A non-refundable deposit in the amount of Five (**\$5,000**) Thousand United States Dollars.
- C. Certificate of Good Standing from the Financial Services Regulatory Commission.

Attachment Page – SCHEDULE D1

Question Number:

Signature: _____

- (a) A judgment entered against you Yes No
- (b) Your wages garnisheed, or subject to a garnishee order Yes No
- (c) Had any article repossessed Yes No

If yes, please provide details on an attachment page.

7. Since filing Schedule "C" has there been any change in your current employment?

Yes No

If yes, please give details on an attachment page.

8. Since filing Schedule "C" has there been any change in your association with any business interests or affiliation where you are director, partner, or where you have ant other significant involvement?

Yes No

If yes, please give details on an attachment page.

9. Since filing Schedule "C" have you filed bankruptcy, or availed yourself of the laws relating to bankruptcy or insolvency.

Yes No

If yes, please give details on an attachment page.

10. If requested to produce copies of your income Tax Returns, will you do so?

Yes No

STATEMENT OF ASSETS

11. As of the day of _____, _____,

(Date of this Statement or whatever date that is convenient in the last 12 months)

Describe fully, if additional space is required use attachment pages:

12. Cash in: \$ _____

Financial Institution	Branch	Account Number
-----------------------	--------	----------------

Cash in: \$ _____

Financial Institution	Branch	Account Number
-----------------------	--------	----------------

Cash in: \$ _____

Financial Institution	Branch	Account Number
-----------------------	--------	----------------

Debts owing to you by other persons (give details and dates due):

\$ _____ / _____ / _____
 (Day/Month/Year)

\$ _____ / _____ / _____
 (Day/Month/Year)

\$ _____ / _____ / _____
 (Day/Month/Year)

Other current assets (give details)

_____ \$ _____

_____ \$ _____

Investments:

Shares, bonds, Mutual Funds, debentures, notes, etc.

Company	Type	No. Held	Year of Acquisition	Total	Estimated Acquisition Cost	Market Value

Investments, other than those listed above:

Description	Total Acquisition Cost	Estimated Market Value

Loans etc.: \$ _____

<i>Borrower's name</i>	<i>Financial Institution</i>	<i>Branch</i>
------------------------	------------------------------	---------------

Due date _____ / _____ / _____ Monthly repayment: \$ _____

Other long-term liabilities (indicate name and address of lender or creditor) and repayment details:

_____	_____	\$ _____
<i>Name</i>	<i>Address</i>	<i>Repayment Details</i>

_____	_____	\$ _____
<i>Name</i>	<i>Address</i>	<i>Repayment Details</i>

_____	_____	\$ _____
<i>Name</i>	<i>Address</i>	<i>Repayment Details</i>

Current liabilities (indicate name and address of creditor)

_____	_____	\$ _____
<i>Name</i>	<i>Address</i>	<i>Repayment Details</i>

_____	_____	\$ _____
<i>Name</i>	<i>Address</i>	<i>Repayment Details</i>

_____	_____	\$ _____
<i>Name</i>	<i>Address</i>	<i>Repayment Details</i>

Other liabilities

(Include Contingent liabilities i.e. Liabilities of an indefinite nature or unspecified amount for which you may become liable in the future)

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH (Total Assets-Total Liabilities) \$ _____

Year ended:

Source	Amount

TOTAL \$ _____

Year ended:

Source	Amount

TOTAL \$ _____

DECLARATION

By signing below, I declare that:

1. The information contained in this application is complete and accurate:
2. In the case of a corporation, partnership or other business entity, that I am duly authorized to make the application on behalf of the corporation, partnership or other business entity named as applicant:
3. I have been provided with a copy of the Interactive Gaming and Interactive Wagering Regulations. The applicant agrees to abide by the provisions of the Regulations which will be the law governing the applicant's relationship with the Directorate of Offshore of Antigua and Barbuda.

Signature: _____

Name: _____
(Please Print)

Date: _____

OATH OR SOLEMN AFFIRMATION BY THE APPLICANT BEFORE AN AUTHORIZED PERSON

I, _____ OF _____
SWEAR OF SOLEMNLY AFFIRM THAT:

1. I am the _____ of _____
(Relationship of declarant to the applicant) (Name of applicant)
2. I have personally completed (or I am personally responsible for providing the information contained in) the Business Entity Information Form to which this Declaration is appended.
3. I certify that the particulars contained in the Business Entity Information Forms are true and correct in every detail and fully disclose the information to complete the Business Entity Information Form.

(Signature of applicant)

() Sworn before me, _____

() Solemnly affirmed before me, _____

at _____

this _____ day of _____, _____.

(Signature)

(Given name and name in block letters)

(Specify in which capacity this declaration is taken: as commissioner for oaths, justice of the peace, lawyer, notary, mayor, clerk or secretary-treasurer of a municipality, registrar or clerk of a court of competent jurisdiction)

ATTACHMENT PAGE – Schedule D2

Question Number:

Signature: _____

End of Schedule "D". Please go on to Schedule "E".