



Jersey Gambling Commission

GAMBLING (JERSEY) LAW 2012
B2B PLATFORM PROVIDER PERMIT

APPLICATION FOR A B2B PLATFORM PROVIDER PERMIT

FORM OF APPLICATION

Please complete in BLOCK CAPITALS and in black ink and then return this completed form to:

Jersey Gambling Commission, 4th Floor, Osprey House, 5-7 Old Street
St. Helier, Jersey, JE2 3RG



Name of applicant:

Company registration number:
(JFSC Number)

Date of incorporation:

Address of registered office:

Correspondence address:
(if different)

Full name and position of principal contact:

Address of principal contact:

Telephone number:

Email address:

Other contact:



Company Details

Type of company:
(e.g. public/private, limited liability/shared/guarantee)

Trading name(s):

Previous company name(s):

Primary business activity:

List all officers and senior management:

(List all Directors, Company Secretaries and senior management of the applicant. Where applicable, list all entities who exercise influence over the business and/or operational functions of the Applicant – Continue on separate sheets if required)

Full name:

Address:

Position:

Date of birth:

Place of birth:

Nationality:

Country of residence:

Telephone:
(inc area code)

Office address:

Please complete in **BLOCK CAPITALS** and in black ink



Company Details (continued)

List all shareholders with 5% or more of issued capital

Name	Address	Date of Birth	Interest Percentage

Required Documents

Memorandum of Association

Articles of Association

Corporate Structure Diagram

Incorporation Certificate(s)

If you cannot provide any of the above mentioned documents, please state the reason why:

Please complete in BLOCK CAPITALS and in black ink



Corporate Details

Is the applicant part of a group of companies:
(tick as appropriate)

YES

NO

Please provide group investors with 5% or more of beneficial capital

Company/ Individual Name	Address	Capital Percentage

Please Provide a List of Ultimate Beneficiaries:

Name	Address	Date of Birth	Place of Birth	Interest Percentage



Corporate Details (continued)

Identify all other controllers/interested parties not mentioned previously:

Does your business or group undertake any form of regulated business in Jersey or elsewhere other than gambling?

YES

NO

If YES, please state the nature of the business and supply the name and address of the pertinent regulatory authority, together with copies of licences and conditions:

Pertinent Regulatory Authority	Address	Licensed Activity	Point of Contact

Required Documents

Group Corporate Structure – Please provide a full chart of the company structure, include parent and subsidiary companies, highlight percentage of ownership (*if part of a group*):

If you cannot provide any of the above mentioned documents, please state the reason why:



Licensed Jurisdiction Details

Licensed Jurisdictions *(Please list all jurisdictions in where the company/applicant is licensed to conduct remote gambling or gambling related activity)*

Jurisdiction:

Licence Issue Date:

Regulatory Authority Name:

Regulatory Authority Address:

Jurisdiction:

Licence Issue Date:

Regulatory Authority Name:

Regulatory Authority Address:

Jurisdiction:

Licence Issue Date:

Regulatory Authority Name:

Regulatory Authority Address:

Jurisdiction:

Licence Issue Date:

Regulatory Authority Name:

Regulatory Authority Address:



Financial Details

Auditors/Accountants Details

Company/Individual Name:

Address:

Telephone:
(inc area code)

Email:

If the applicant's financial position has changed materially between the date of financial statements supplied and the date of the application, please give details:



Financial Details

Provide details of all sources of external finance (including any facilities unused at the time of application):

Loans:	
Amount:	
Nature of the loan:	
Repayment terms:	
Interest payable:	
Loan secured (Yes/No)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Details of loan secured asset(s)	

Required Documents

Please provide a copy of auditors engagement letter:

Please provide the last 2 years of audited accounts, capital accounts and audit reports:

If part of a group, please supply group audited accounts and audit reports:

If you cannot provide any of the above mentioned documents, please state the reason why:



Sufficient Connection Test

The Commission may only grant a Permit to an applicant that supplies, manages and/or administers a gambling platform in or from within Jersey regardless of whether the physical gambling platform is in Jersey or not [Art. 12(1)(e)]. Please set out how the applicant will meet this requirement:

Unique resource identifier/unique resource locators

Please specify all unique resource identifier/unique resource locators (URI/URL) that will use/redirect to applicant's platform if applicable.

Equipment Location

The Commission does **NOT** require that all electronic equipment must be sited in Jersey. However, the applicant must fully disclose the scope of its business and provide detail on the location of all electronic equipment used to maintain or administer gambling platforms for gambling businesses.

Supplying Services

Provide the legal business name and trading names of each gambling business using the applicant's services. State the basis (sale, hire, profit-share) for the financial contractual arrangements between the applicant and these gambling operator(s).



Penalties and Civil Actions

Has the applicant at any time in the previous 10 years had a receiver, administrative receiver or administrator appointed?

YES

NO

Has the applicant in the last 10 years failed to satisfy a debt adjudged due or a debt in respect of which a decree has been passed against it or entered into a scheme of arrangement or composition of its debts with its creditors?

YES

NO

Has the applicant at any time in the last 10 years been refused or had withdrawn any licence, recognition or authorisation under the legislation of any country or jurisdiction?

YES

NO

Has the applicant at any time in the last 10 years ever been refused or had revoked any authorisation to carry on activities in any country or jurisdiction?

YES

NO

Provide details of the imposition of any conditions on any licence or authorisation of the applicant to carry on business within the last 10 years?

YES

NO

Has the applicant ever been subject to any disciplinary measure by any regulatory body in any country or jurisdiction in relation to its activities?

YES

NO

Have the applicant's affairs ever been investigated by any regulatory body in any country or jurisdiction in relation to any of its activities?

YES

NO

Has the applicant ever been the subject of formal investigation under the legislation of any country or jurisdiction?

YES

NO

Has the applicant or any of its beneficial owners, directors or senior management been criticised or disciplined in Jersey or elsewhere in the previous 10 years by any regulatory or supervisory organisation or law enforcement or professional body?

YES

NO

Please provide details of and reasons for any changes in the bankers, auditors or legal advisers to the applicant within the last 3 years.

YES

NO

If you answered YES to any of the questions above, please provide a full explanation and enclose copies of all relevant formal documentation.

Please complete in BLOCK CAPITALS and in black ink

Further Information



Further information:

(please supply information that you consider relevant to assist with the determination of your application)

Please complete in BLOCK CAPITALS and in black ink



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Further Information

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A large, empty rectangular box with a red border, intended for providing further information relevant to the application.



Declaration

I am fully authorised by the applicant to make this application on its behalf (see certified true copy of Minute attached).

I declare that the information contained in this Application is true and accurate to the best of my knowledge, information and belief that, if any of the information contained in or appended is discovered to be false, I may be liable to prosecution.

Signature:

Name (*print*):

Date:

Data Protection

The Commission requires data regarding applicants (including lead executives and beneficiaries, where necessary) for the purposes set out in the Gambling Commission (Jersey) Law 2010 and the Gambling (Jersey) Law 2012. As a competent authority listed in Schedule 1 of the Data Protection (Jersey) Law 2018, the Commission will primarily collect and process data and special category data necessary for the exercise of its public functions.

The Commission has produced a Privacy Policy for users and an Information Note. These are available on the website at the following link - <https://www.jgc.je/data-protection>. Please read them carefully.



Notes to Applicants

The original completed application form and any attachments appended should be forwarded with the prescribed application fee, as set out in the Fees Notice for Platform Providers, to:

Jersey Gambling Commission,
4th Floor, Osprey House,
5-7 Old Street,
St. Helier,
Jersey
JE2 3RG

Electronic copies of all documents should also be provided.

NOTE: Fees are payable (using applicant name or invoice number as reference) to the Jersey Gambling Commission via bank transfer to HSBC 40-25-34 – 52474700.

The Commission WILL NOT begin the application until the application fee has been deposited. The Commission may require a further payment to process the application, but will not request this payment unless the application fee has been exhausted.

Application processing will not commence until all initial requested documentation is received.

The principal purpose of seeking the information required by this Application form is to provide core factual details, thereby enabling:

- Preliminary investigations in order to ascertain the full scope of its investigations; and
- Identify where further information will need to be requested and/or required.

Additional information may be sought by way of a meeting with an officer of the Jersey Gambling Commission and/or a visit to the premises for which approval will be sought.

If any details set out on this Application form change prior to the determination of this Application, you must notify the Jersey Gambling Commission in writing as soon as reasonably practicable.

Wherever possible, use BLOCK CAPITALS.

All dates should be in the form of Day / Month / Year (DD / MM / YYYY).

Answer every question, using N/A or NIL where applicable.

Use additional sheets as necessary, cross-referencing against the relevant question the additional sheet(s) on which the answer is to be found.

Please number, date and sign any additional attached pages to the application form.

If you require any assistance or would like to discuss any part of the application form, please contact the Commission on telephone number +44 (01534) 828540.