

MULTI-JURISDICTIONAL BUSINESS FORM

IMPORTANT INFORMATION

1. General Information

- (a) The information provided in the Multi-Jurisdictional Business Form (the “Form”) will assist the respective Gaming Regulator (“GR”) in your State or Jurisdiction of application in evaluating the application.
- (b) The GR reserves the right to seek further information at any time as it may consider necessary.
- (c) Applicants/associates are to note that the GR's evaluation will also involve checks on the applicants/associates and their key personnel with, including but not limited to the following:-
 - (i) Law enforcement agencies.
 - (ii) Gaming and/or casino regulatory bodies.
 - (iii) Corporate and securities regulatory bodies.
 - (iv) Revenue authorities and other relevant agencies.
 - (v) Financial Institutions.
 - (vi) Courts.
- (d) The term “company” used throughout the Form is to be taken to mean “body corporate” and businesses such as sole proprietorship, partnership and limited liability partnership.
- (e) The term “body corporate” includes a body created by common law, a body created by or pursuant to a statute in any jurisdiction and a body incorporated by registration under a statute in any jurisdiction which is formed to develop, own or have a beneficial interest in the operations, administration or management of a casino business or which is related to a casino business.

2. Accurate Completion and Timely Submission

- (a) Accurate completion and timely submission of the Form and supporting documents are essential for the GR's evaluation of the application.
- (b) For applicants, any misrepresentation, failure to reveal information, failure to provide requested information or grant any authorisation requested to the GR may be taken as indicating a lack of suitability for the applicant to be granted a licence, approval as Approved Manufacturers/Suppliers or recognition as Testing Laboratories.
- (c) For associates, any misrepresentation or the failure to provide requested information may lead to the GR drawing negative inferences on the associates' suitability.

- (d) Information being submitted to the GR should be updated and be no more than 6 months old. If there are any changes to any of the information contained within this form during the period between submission of the application and the application being determined you must notify the GR immediately. Failure to do so could result in the application being delayed or cause any decision taken to be reviewed.
- (e) If a requirement under this clause is not complied with, the GR may refuse to consider the application.

3. False or Misleading Information

It is a serious offence to provide false or misleading information in connection with any application made to the GR. Any person found guilty of providing false or misleading information may be found unsuitable for licence in the State or jurisdiction of application. In addition, the applicant may be liable to conviction and such punishment as may be described in the laws governing the particular GR's jurisdiction.

4. Statement Of Truth

An authorised representative from the applicant/associate is required to complete and sign a statement of truth stating that all statements made in the Form are true. It is an offence to make a false statement of truth, whether the statement of truth is made in or outside the State or jurisdiction of application. Any person found guilty of making a false statement of truth may be liable to such punishment as may be described in the laws governing the particular GR's jurisdiction.

5. Interview

- (a) An authorised representative from the applicant/associate or any person deemed relevant by the GR may be required to attend an interview with the GR after submission of the Form at their own cost.
- (b) If a requirement under this clause is not complied with, the GR may draw negative influence on the suitability of the applicant to be granted a licence.

DIRECTIONS FOR COMPLETION AND SUBMISSION OF THE FORM

6. Points to Note for Completion of the Form

Applicants/associates are required to note/comply with the following important points for completion of the Form:-

- (a) The computer used for completing the Form is recommended to have a memory size of at least 2 gigabytes as the Form may require a large amount of computer memory.
- (b) Adobe Reader/Adobe Acrobat Professional version 8.1.1 and above must be used for completing the Form.

- (c) The javascript function of Adobe Reader/Adobe Acrobat Professional must be enabled when completing the Form. If the javascript function is not enabled, upon opening the Form, a message will appear to request for the javascript function to be enabled. Click "Yes" to enable the javascript function.
- (d) If the javascript function was not enabled in accordance to paragraph 6c, the javascript function has to be enabled using the following steps:-
 - (i) Click "Edit" at the menu bar
 - (ii) Select "Preferences" from the drop down menu
 - (iii) Select "Javascript" under "Categories"
 - (iv) Check "Enable Acrobat Javascript"
 - (v) Click "Ok"
 - (vi) Close the Form
 - (vii) Reopen the Form
- (e) Save the Form regularly to prevent loss of data.
- (f) Indicate "NIL" if a question does not apply to the applicant/associate or if the applicant/associate has nothing to disclose in reply to a particular question. Do not leave any question unanswered.
- (g) The Form is to be completed in the English language. Applicants/associates are to attach a certified English language translation should there be any supporting documents which are not in the English language.
- (h) Conversion of foreign currency to United States Dollars must be made using the exchange rate as at date of completing the Form.
- (i) Do not make any modification to the pre-printed questions or information contained in the Form. The Form, upon its submission, becomes the property of the GR and will not be returned to the applicant/associate.

7. Steps to be taken before Submission of the Form

The following steps will guide applicants/associates to prepare the Form for submission to the GR:-

Check for Completeness of the Form

- (a) Check for completeness of the Form by clicking "Check Form Completeness" button in the section "Summary of Application". The content page will indicate the status of each section as either "Complete" or "Incomplete". The "Form Status" in the section "Summary of Application" will also be reflected as either "Completed - Not Prepared for Submission Yet" or "Incomplete". Please ensure all sections of the Form are duly completed.

- (b) When the Form is duly completed i.e. the status of every section in the Form in the content page is indicated as "Complete" and the "Form Status" in the section "Summary of Application" is reflected as "Completed - Not Prepared For Submission Yet", save a softcopy version of the Form and print a full copy of the Form for retention. This softcopy version of the Form can be re-used for future update or renewal applications, where only updated details need to be filled.

Prepare the Form for Submission

- (c) Proceed to click the "Lock Form" button in the section "Summary of Application" and save a separate softcopy version of the Form for submission. The "Form Status" in the section "Summary of Application" will be reflected as "Completed - Ready For Submission". This procedure will set the Form to read only and some of the information in the Form will be hidden. This softcopy version of this Form is to be submitted to the GR.

8. Update of Details

To update details provided in the Form:-

- (a) Applicants/licensees/associates may use the softcopy version of the Form, which has been saved in accordance to paragraph 7b, to make the necessary amendments/updates. The steps to prepare the Form for submission to the respective GR are as per paragraph 7.
- (b) It is mandatory for applicants/licensees/associates to provide a fresh statement of truth to the GR.
- (c) If applicants/licensees/associates are unable to retrieve the previously completed Form, they are required to complete a fresh set of the Form for submission to the GR.

9. Waiver or Modification

An applicant who wishes to seek a waiver from or modification to any of the requirements set out in this Form, it must submit such request to the GR in writing stating clearly the nature of, and justifications for, the waiver or modification sought.

10. The GR's Contact Information

The contact information and jurisdiction riders of the respective GRs may be accessed via <http://www.iagr.org/members>.

MUTI-JURISDICTIONAL BUSINESS FORM

SUMMARY OF APPLICATION

APPLICANT PARTICULARS

Name of Applicant ("the Applicant")

Business Registration Number Type

Business Registration Number

Country of Incorporation

Type of Application

State or Jurisdiction Of Application

(Refers to Country Applicant is applying to)

Application ID

(Only for update of outstanding application)

Licence ID

(Only for update or renewal of existing licence)

NAME OF ASSOCIATED COMPANY

(if different from above or Name of Holding or Intermediary Company)

Name of Entity

Business Registration Number Type

Business Registration Number

Country of Incorporation

Application ID (If applicable)

Licence ID (If applicable)

FORM PREPARATION

Check Form Completeness

Lock Form

FORM STATUS

Form Status

Last Updated Date 8/8/2013

FOR OFFICIAL USE ONLY

Application ID

Licence ID

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SECTION A: APPLICANT GENERAL INFORMATION

A1 NAME OF APPLICANT ("THE APPLICANT")

A2 Registered Business Address of the Applicant

ADDRESS TYPE	ZIP/POSTAL CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS

Address where Principal Activities of the Applicant are Conducted

Check this box to add fields ☒ Not Applicable ☐

Add

Del

S/N 1

ADDRESS TYPE	ZIP/POSTAL	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS

A3 Contact Details

BUSINESS TELEPHONE NO.			FAX NO.		
COUNTRY CODE	AREA CODE	NUMBER	COUNTRY CODE	AREA CODE	NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT NAME	EMAIL ADDRESS	WEBSITE ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

ALTERNATE CONTACT NAME	ALTERNATE CONTACT NUMBER	ALTERNATE EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

A4 Date of Incorporation (DD-MM-YYYY) where applicable

Type of Entity (e.g. sole trader, limited liability company, etc.)

Attach copies of the Certificate of Incorporation, Constitution or Memorandum of Association and Articles of Association, Trust Documents (including Type of Trust, Trust beneficiaries and Trust Deed) or other constituent documents and any amendments thereto.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

A5 COUNTRY OF INCORPORATION

BUSINESS REGISTRATION NUMBER

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PLACE OF INCORPORATION

A6 PURPOSE OF THE COMPANY

A7 Provide details of the Applicant's history and activities, and a list of all trading names and trademarks under which the Applicant, its holding company and subsidiaries of the holding company has operated within the last 3 years.

Check this box to add fields ☒ Not Applicable ☐

NAME	TRADE NAME/DOING BUSINESS AS (DBA)	NAME USED FROM	NAME USED TO	EMPLOYER IDENTIFICATION NUMBER/TIN	Add
					Delete

A8 During the last 10 years (or any other period as advised by your GR), has the Applicant applied for a licence or permit issued by a government agency charged with regulating games of chance including but not limited to slot machines, video lottery terminals, table games, horse racing, jai alai, etc.

A government agency as used here includes any federal, state, Native American or local government created to carry out a governmental function or to implement a statute or statutes. Provide:

- o Type of license or permit
- o Name and location of government agency
- o Application number
- o Disposition
 - . Granted
 - . Denied
 - . Pending
 - . Expired
 - . Suspended
 - . Withdrawn
 - . Revoked
- o Date of Disposition

Provide details of all current Directors, Secretaries, Principal Executive Officers, Executive Officers and Senior Management Personnel who are involved in the management or operation of the casino gaming business. In addition, provide a copy of the corporate family tree showing current corporate structure detailing the relationship of ALL related companies.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

A9 Provide details of all companies which are related to the Applicant as intermediary, holding and subsidiary companies.

Check this box to add fields ☒ Not Applicable ☐

Add

Del

S/N 1

NAME OF COMPANY

Business Registration Number Type

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Business Registration Number

PLACE OF INCORPORATION

--	--

COUNTRY OF INCORPORATION

DATE OF INCORPORATION (DD-MM-YYYY)

--	--

NATURE OF BUSINESS

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A10 Provide details of any former business which are not identified in question A9 and which the Applicant or its related companies have engaged for the past 10 years (or any other period as advised by your GR).

Check this box to add fields ☒ Not Applicable ☐

Add

Del

S/N 1

NAME OF COMPANY

START DATE OF BUSINESS (MM-YYYY) END DATE OF BUSINESS (MM-YYYY)

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DESCRIPTION OF FORMER BUSINESS

REASON OF CESSATION

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A11 Provide details of the 20 largest shareholders in the Applicant, in ascending order based on the percentage of shareholding.

The shareholders include all companies incorporated under the Companies' Act and all partnerships registered under the Business Registration Act. Provide details if any, of any other person or organisation either directly or indirectly who will have a controlling interest or significant influence in the Applicant. Further, this detail should include, a breakdown of share types such as ordinary/preference shares, etc.

Check this box to add fields ☒ Not Applicable ☐

NAME OF SHAREHOLDER	NO. OF ISSUED SHARES	% OF ISSUED SHARES	Add
			Delete

A12(i) Provide the list of addresses at which the Applicant has been registered or has conducted business for the past 10 years (or any other period as advised by your GR).

Provide the information in chronological order, beginning with the current address.

Check this box to add fields ☒ Not Applicable ☐

S/N 1

DATE FROM (MM-YYYY)
DATE TO (MM-YYYY)

ADDRESS OF THE COMPANY

ADDRESS TYPE	ZIP/POSTAL CODE	COUNTRY

ADDRESS

A12(ii) Provide details (full names and dates of birth) of all current Directors, Secretaries, Principal Executive Officers, Executive Officers and Senior Management Personnel who are involved in the management or operation of the gaming business. In addition, provide copies of the company and corporate management diagrams.

Check this box to add fields ☒ Not Applicable ☐

NAME OF OFFICER	DATE OF BIRTH (DD-MM-YYYY)	POSITION	Add
			Delete

A13 Provide details of all current and former officers, Directors, Partners, Trustees and Company Secretaries who have ceased to hold office during the last 10 years (or any other period as advised by your GR).

Check this box to add fields ☒ Not Applicable ☐

TITLE / POSITION HELD	DATE OF CESSATION (MM-YYYY)	NAME	DATE OF BIRTH (DD-MM-YYYY)	COUNTRY OF BIRTH	ADDRESS	COUNTRY	Add
							Delete

A14 Provide details of the Applicant's auditors/accountants for the past 10 years. To the best of the Applicant's knowledge, while engaged by the Applicant were the auditors or external accountants subject to any investigation for any reason?

Check this box to add fields ☒ Not Applicable ☐

NAME OF AUDITORS	ADDRESS	COUNTRY	START DATE (MM-YYYY)	END DATE (MM-YYYY)	REASON FOR RESIGNATION, IF APPLICABLE	Add
						Delete

A15 Provide details of any legal advisers, solicitors and/or consultants presently engaged by the Applicant in the GR's jurisdiction during the last 10 years (or any other period as advised by your GR).

Check this box to add fields ☒ Not Applicable ☐

SERVICE RENDERED	NAME OF LEGAL ADVISERS / SOLICITORS / CONSULTANTS	ADDRESS	COUNTRY	START DATE (MM-YYYY)	END DATE (MM-YYYY)	Add
						Delete

A16 Provide details of any joint venture arrangement, in relation to the development, ownership, management or operation of any casino, gaming, wagering, junket, gaming machine manufacturer/supplier or test service provider, between the Applicant and any other company for the past 10 years (or any other period as advised by your GR).

Check this box to add fields ☒ Not Applicable ☐

JOINT VENTURE ENTITIES	JOINT VENTURE DETAILS	START DATE (MM-YYYY)	END DATE (MM-YYYY)	Add
<div>Add</div> <div>Del</div>				Delete

A17 Provide details relating to the stock type or Class, value and numbers of share capital and securities.

Check this box to add fields ☒ Not Applicable ☐

TYPE OF SHARES	DESCRIPTION	AVERAGE VALUE PER SHARE	NUMBER OF ISSUED SHARES	Add
				Delete
OTHER SECURITIES (INCLUDING OPTIONS, RIGHTS, BONDS, DEBENTURES, CONVERTIBLE NOTES ETC)	DETAILS	VOTING RIGHTS		Add
				Delete

A18(i) Does the Applicant have any branches outside of what is listed in Section A?

If yes, list them, including licence details.

Yes ☒ No ☐

NAME OF AGENCY / BRANCH	PRINCIPAL ACTIVITIES	ADDRESS	COUNTRY	Add
				Delete

A18(ii) Does the Applicant have any other company or person acting on its behalf in the State or jurisdiction of application or elsewhere?

If yes, provide details, including licence details.

Yes ☒ No ☐

NAME OF COMPANY / PERSON	DETAILS	Add
		Delete

A19 During the last 10 years (or any other period as advised by your GR), has the Applicant, its parent company, subsidiary, director, officer, employee or any third party who is acting on behalf of the Company, made or received any payments of bribe or kickback or made or received any payments alleged to have been bribe or kickback to any employee, company or organization, to obtain favorable treatment?

If yes, provide details.

Yes ☒ No ☐

NAME OF OFFERING PARTY	NAME OF RECEIVING PARTY	DETAILS	TOTAL AMOUNT	DATE (MM-YYYY)	Add
			Currency		Delete
			Amount		
			Exchange Rate		
			USD		

A20 During the last 10 years (or any other period as advised by your GR), has the Applicant, its parent company, subsidiary, director, officer, employee or any third party who is acting on behalf of the Company, made or received any payments of bribe or kickback or made or received any payments alleged to have been bribe or kickback to any government/public official, whether domestic or foreign, to obtain favorable treatment?

If yes, provide details.

Yes ☒ No ☐

NAME OF OFFERING PARTY	NAME OF RECEIVING PARTY	DETAILS	TOTAL AMOUNT	DATE (MM-YYYY)	Add
			Currency <input type="text"/> Amount <input type="text"/> Exchange Rate <input type="text"/> USD <input type="text"/>		Delete

A21 During the last 10 years (or any other period as advised by your GR), has the Applicant, its parent company, subsidiary, related companies or any director of the Company or a related company performed the following transactions:

- (i) donated or loaned funds for the purpose of opposing or supporting any government, political party, candidate or committee, whether domestic or foreign?
- (ii) donated or loaned property or anything of value for the purpose of opposing or supporting any government, political party, candidate or committee, whether domestic or foreign?; or
- (iii) made any loans, donations or other disbursements to any of its directors, officers or employees for the purpose of reimbursing such individuals for political contributions, whether domestic or foreign?

If yes, provide details.

Yes ☒ No ☐

NAME OF OFFERING PARTY	NAME OF RECEIVING PARTY	DETAILS	TOTAL AMOUNT	DATE (MM-YYYY)	Add
			Currency <input type="text"/> Amount <input type="text"/> Exchange Rate <input type="text"/> USD <input type="text"/>		Delete

A22 During the last 10 years (or any other period as advised by your GR), has the Applicant, its parent company or any subsidiary maintained any bank account, whether domestic or foreign, which is not reflected on the Company's books or records?

If yes, provide details.

Yes ☒ No ☐

NAME OF COMPANY	NAME OF BANK	PLACE OF BANK	COUNTRY OF BANK	ACCOUNT NUMBER	ACCOUNT TYPE	DETAILS	Add
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NAME OF COMPANY	NAME OF BANK	PLACE OF BANK	COUNTRY OF BANK	ACCOUNT NUMBER	ACCOUNT TYPE	DETAILS	Add
							Delete

A23 During the last 10 years (or any other period as advised by your GR), has the Applicant, its parent company or any subsidiary maintained any numbered account or any account in the name of a nominee for the Company?

If yes, provide details.

Yes ☒ No ☐

Add

Del

S/N 1

NAME OF COMPANY

NAME OF NOMINEE

--	--

NAME OF BANK

PLACE OF BANK

--	--

COUNTRY OF BANK

ACCOUNT NUMBER

ACCOUNT TYPE

--	--	--

DETAILS

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A24 Provide details of any present or former, employees or third parties who would have knowledge or information concerning the questions in this section.

Check this box to add fields ☒ Not Applicable ☐

NAME	RELATIONSHIP	ADDRESS	COUNTRY	Add
				Delete

A25 Provide a copy of any credit ratings published by organisations such as:

- Dun & Bradstreet
- Standard & Poors
- Moodys
- Fitch

A copy of the Applicant's Credit Report or Analyst's Report (if available) should be provided as an attachment.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

SECTION B: APPLICANT TRACK RECORDS

- B1** Provide as an attachment the audited and/or published financial statements, including notes to the accounts and annual reports of the Applicant for the past 5 years. In addition provide interim financials if current year audited statements are not available.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

- B2** Provide as an attachment the audited and/or published financial statements, including notes to the accounts and annual reports, of any holding company for the past 5 years.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

- B3** Provide as an attachment the annual returns of the Applicant which was provided to local or overseas regulator for the past 5 years (for example, annual returns provided to the tax authorities).

ATTACHMENT DESCRIPTION

☐ Attachment Provided

- B4** Provide details of any persons, companies or institutions from which the Applicant has current loans or has obtained loans for the past 5 years. Please also provide copies of the loan and finance agreements.

Check this box to add fields ☒ Not Applicable ☐

NAME OF LENDER	ADDRESS OF LENDER	COUNTRY OF LENDER	DATE OF LOAN (MM-YYYY)	LOAN AMOUNT			PURPOSE OF LOAN	Add
				Currency				
				Amount				
				Exchange Rate				
				USD				

- B5** Provide as an attachment the list of individuals who are being compensated more than USD\$250,000, including the names, compensation (last financial year), likely compensation (current financial year) and form of compensation.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

- B6** Has there been any substantial change to the financial situation of the Applicant since the last audited accounts? If yes, provide details.

Yes ☒ No ☐

Details of changes

- B7** Provide details of all bank financial institution accounts that are operated by the Applicant for the past 10 years (or any other period as advised by your GR).

Check this box to add fields ☒ Not Applicable ☐

NAME OF BANK / FINANCIAL INSTITUTION	BRANCH	ACCOUNT NUMBER	AUTHORISED SIGNATORIES	Add
			<div>Add</div> <div>Del</div>	Delete

- B8** Provide details of any securities being held by the Applicant in any casino, gaming, betting or similar investments of the Applicant or its related companies. Include all loans, warrants, debts and equity holdings.

Check this box to add fields ☒ Not Applicable ☐

NAME OF COMPANY	DETAILS OF INVESTMENTS	Add
		Delete

B9 Confirm if requested:

- i. the Applicant will produce copies of income tax returns, including confirmation by tax authorities that the Applicant has complied with tax laws; ☒ Yes ☐ No
- ii. the Applicant will produce copies of minutes of shareholders and directors meetings; ☒ Yes ☐ No
- iii. the Applicant will produce any information relevant to the published Financial Statements; and ☒ Yes ☐ No
- iv. the Applicant will authorise the release of any other information reasonably required by an officer of the GR or person authorised by the GR. ☒ Yes ☐ No

B10 Advise whether any person will have an interest in the ownership or other beneficial interest of the relevant gaming business which is registered under the Applicant's name (e.g as a security holder)?

If yes, provide details.

Yes ☒ No ☐

NAME	DETAILS OF INTEREST	Add
		Delete

B11 Provide details of any debt that has yet to be repaid or debt forgiveness of an amount equal to or above USD 100,000 (or any other amount as advised by your GR) for the past 5 years.

Check this box to add fields ☒ Not Applicable ☐

NAME OF OTHER PARTY	DETAILS OF DEBT	DATE OF BAD DEBT / DEBT FORGIVENESS (MM-YYYY)	AMOUNT OF DEBT	Add
			Currency <input type="text"/> Amount <input type="text"/> Exchange Rate <input type="text"/> USD <input type="text"/>	Delete

B12 Provide details of any insurance claims of an amount or above USD\$100,000 (or any other amount as advised by your GR) made by the Applicant within the last 5 years.

Check this box to add fields ☒ Not Applicable ☐

DETAILS OF INSURANCE CLAIMS	DATE OF CLAIMS (MM-YYYY)	AMOUNT OF INSURANCE CLAIM	Add
		Currency <input type="text"/> Amount <input type="text"/> Exchange Rate <input type="text"/> USD <input type="text"/>	Delete

- B13** Provide as an attachment, details of any bonus, profit sharing, superannuation schemes or similar plans operated by the Applicant. The attachment should include the name and specifications of the plan, trustee, address information, etc.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

- B14** Is the Applicant or its related companies publicly listed? If yes, please respond to questions B15 - B17. Yes ☒ No ☐

- B15** Is the Applicant listed on any securities exchanges? If yes, provide details.

Yes ☒ No ☐

NAME OF SECURITIES EXCHANGE	COUNTRY	Add
		Delete

- B16** Provide as an attachment all media releases and announcements to any stock exchange by the Applicant, its parent company or its related companies for the past 5 years.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

- B17** Provide names of the regulators of the Applicant (eg. law enforcement, gaming and financial regulators).

Check this box to add fields ☒ Not Applicable ☐

NAME OF CORPORATE REGULATOR	Add
	Delete

SECTION C: APPLICANT COMPLIANCE RECORDS

Please note: Litigation includes criminal and civil proceedings and matters before administrative tribunals.

- C1 Provide details of any prosecution or legal action taken by or against the Applicant or its related companies in which the legal costs amounted to USD\$10,000 (or any other amount as advised by your GR) for the past 10 years (or any other period as advised by your GR) including name and country of litigator, date of prosecution/action, details of offence/action and outcomes in any location or jurisdiction both domestic and/or foreign.

Check this box to add fields ☒ Not Applicable ☐

Add

Del

S/N 1

LEGAL ACTION TAKEN BY / AGAINST NAME OF COMPANY

--	--

PROSECUTIONS / LEGAL ACTIONS AGAINST OR BY THE NAMED COMPANY

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- C2 Provide details of any judgment entered against the Applicant or its related companies in which the legal costs amounted to USD\$10,000 (or any other amount as advised by your GR) for the past 10 years (or any other period as advised by your GR) in any location or jurisdiction both domestic and/or foreign. In addition, state whether the claim was covered by insurance.

Check this box to add fields ☒ Not Applicable ☐

Add

Del

S/N 1

NAME OF COMPANY

--

DETAILS OF JUDGEMENT

--

- C3** Has the Applicant, holding company or other related body been subject to an investigation by any law enforcement authority or government regulator or charged with an offence or assisted in an investigation under statute or common law in any location or jurisdiction both domestic and/or foreign? Include any current or pending investigations.

If yes, provide details including name of investigating authority, purpose of investigation and date of investigation or charge.

Yes ☒ No ☐

NAME OF COMPANY	NAME OF COURT / AGENCY	ADDRESS OF COURT / AGENCY	COUNTRY OF COURT / AGENCY	NATURE OF INVESTIGATION OR PROCEEDING	DISPOSITION OR OUTCOME	Add
						Delete

- C4** Has the Applicant, or its related companies, been the subject of derogatory findings arising out of a royal commission, judicial inquiry or other government inquiry?

If yes, provide details.

Yes ☒ No ☐

NAME OF COMPANY	INQUIRY DETAILS	APPROXIMATE INVESTIGATION PERIOD FROM DD-MM-YYYY	APPROXIMATE INVESTIGATION PERIOD TO DD-MM-YYYY	Add
				Delete

- C5** Has the Applicant or any related companies been placed into insolvency, external administration, receivership or liquidation for the past 10 years (or any other period as advised by your GR)?

If yes, provide details.

Yes ☒ No ☐

NAME OF COMPANY	DETAILS	DATE (MM-YYYY)	Add
			Delete

- C6** Were there any charges brought against the Applicant, or any related companies of the Applicant or officers of the Applicant or a related company as a result of an Administrator, Receiver or Liquidator being appointed?

If yes, provide details.

Yes ☒ No ☐

NAME OF COMPANY / PERSON	DETAILS	DATE (MM-YYYY)	Add
			Delete

C7 Has the Applicant or its related companies entered into any agreement or composition with its creditors to forestall receivership, liquidation or insolvency?

If yes, provide details.

Yes ☒ No ☐

NAME OF COMPANY	DETAILS	DATE (MM-YYYY)	Add
			Delete

C8 Has an administrator, receiver, receiver and manager, liquidator or provisional liquidator been appointed to the Applicant or its related companies due to insolvency?

If yes, provide details.

Yes ☒ No ☐

NAME OF COMPANY	DETAILS	DATE (MM-YYYY)	Add
			Delete

C9 Has the Applicant or its related companies been investigated or issued show cause notices, consent notices, consent agreements, fines and other disciplinary actions by a casino, gaming or betting regulatory body due to insolvency?

If yes, provide details including name of regulatory body, date of action and outcome.

Yes ☒ No ☐

NAME OF COMPANY	PLACE	COUNTRY	OUTCOME	DATE (MM-YYYY)	Add
					Delete

C10 Provide as an attachment any quarterly, semi annual or annual reports prepared for lodgement with government agencies for past 10 years (or any other period as advised by your GR).

ATTACHMENT DESCRIPTION

☐ Attachment Provided

C11 Provide as an attachment any legally required reports lodged with government agencies in relation to any public debt or equity offerings during the past 12 months. You may exclude reports already provided in this application.

ATTACHMENT DESCRIPTION

☐ Attachment Provided

C12 Has the Applicant or its related companies been fined, suspended or reprimanded for breaches of any stock exchange listing rules, including judgment, order, consent decree or consent order pertaining to violation or alleged violation of federal antitrust, trade regulation, securities laws or similar laws of any state, province or country entered against the Applicant?

If yes, provide details.

Yes ☒ No ☐

NAME OF COMPANY	DETAILS	DATE (MM-YYYY)	Add
			Delete

SECTION D: ADDITIONAL STANDARD JURISDICTIONAL REQUIREMENTS RIDER FORM

Would you want to use the standard jurisdictional rider form?

Yes ☐ No ☒

FORM PREPARATION

[Check Form Completeness](#)[Lock Form](#)