



The Directorate of Offshore Gaming

Schedule "E": APPLICATION FOR A KEY PERSON LICENCE

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

All information provided by the Applicant to the Directorate 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 Law or these Regulations or if it is related to an official investigation.

1. Name of Applicant: _____

2. Mailing Address: _____

3. Telephone Number: _____

4. Fax Number: _____

5. E-mail: _____

6. Name of Employer: _____

Telephone Number for Employer: _____

Fax Number for Employer: _____

E-mail for Employer: _____

This application is accompanied by:

- (a) A completed Personal Information Form in respect of the applicant;
- (b) A letter from the license holder that is to be the applicant's employer confirming the existence or proposed existence of a key relationship as defined by the Regulations, and
- (c) A non-refundable deposit in the amount of One Thousand (**\$1,000**) United States Dollars.
- (d) A completed Schedule "C".

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 Gaming of Antigua and Barbuda.

Signature: _____

Name: _____
(Please Print)

Date: _____