

# Casino/Slot Machine Licence

## Application Form



### FINANCIAL SERVICES AUTHORITY

Bois De Rose Avenue  
P.O. Box 991  
Victoria  
Mahé  
Seychelles

Tel: +248 4380800

Fax: +248 4380888

Website: [www.fsaseychelles.sc](http://www.fsaseychelles.sc)

Email: [enquiries@fsaseychelles.sc](mailto:enquiries@fsaseychelles.sc)

*Version: 29<sup>th</sup> March, 2022*

# Casino/Slot Machine Licence Application Form

## Instructions for completing the application form

- Applicants are advised to refer to the Seychelles Gambling Act, 2014 when completing the application form.
- The form should be completed in English and the answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.
- No question should be left unanswered. Where the Applicant believes that a question does not apply, the Applicant should write “**Not Applicable**” or “**N/A**”.
- If there is insufficient space to answer a question, additional information may be provided on an attachment page and identify the continuation of an answer by stating the question number.
- The declaration on this form must be signed by a director or other duly authorised person.
- If there are any changes in the information furnished in the application prior to the completion of the review of this application, the Authority should be notified immediately.
- Categories of Acceptable Certifiers (the certifier must be independent from the applicant):
  - (i) a judge
  - (ii) a magistrate
  - (iii) a notary public
  - (iv) a barrister-at-law
  - (v) a Solicitor
  - (vi) an attorney-at-law or
  - (vii) a Commissioner of Oaths.
- The completed application form and any supporting material, should be submitted to:

The Chief Executive Officer  
Financial Services Authority  
P.O BOX 991  
Bois de Rose Avenue Victoria,  
Mahé, Republic of Seychelles

*NOTE: Failure to disclose and submit all necessary information may lead to the Authority rejecting the application*

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## Part A

### 1. Details of Applicant Company

Full Legal name of applicant company	
Trading name under which the gambling services will be offered	
Date of incorporation (Day/ Month/ Year)	
Company Registration Number	
Address of Registered Office	
Website of applicant company (if applicable)	
Other Business Interest <sup>1</sup>	

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<sup>1</sup> Please state all the business interests and affiliations of the applicant.

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## 2. Contact Details (Details of the individual designated as the main point of contact for this application)

	Contact Person	Alternate Contact
Name		
Relationship to Applicant Company		
Business Address		
Residential Address		
Telephone		
Fax		
Email		
Occupation		
Nationality		
Passport Number		
National Identity Number(Resident of Seychelles)		

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### 3. Proposed Gambling Activity (Please select as appropriate)

Casino Licence (land based operations)	<input type="checkbox"/>
Slot Machine Licence (land based operations)	<input type="checkbox"/>

### 4. Company Directors (Please use separate sheet if there are more than 2 directors)

	Director 1	Director 2
Name		
Business Address		
Telephone		
Fax		
Email		

### 5. Money Laundering Reporting (as per Section 15(1) of the AML Act)

Name	
Business Address	
Other positions held	
Telephone	
Fax	
Email	

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## 6. Compliance Officer (as per Section 23(2) of the FSA Act)

Name	
Business Address	
Other positions held	
Telephone	
Fax	
Email	

## 7. Managing Company/Operator (If applicable)

Name	
Business Address	
Telephone	
Fax	
Email	

- 8. List the address of all premises in Seychelles from which gambling services or facilities will be delivered, and indicate all activities to be conducted at the premises (use an extra sheet if necessary).**  
Please provide certification that such premises have been approved by the relevant authorities.

	Address of Premises	Activities to be conducted at the premises
1.		
2.		
3.		

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- 9. Significant Shareholders** (please use separate sheet if there are more than 2 significant shareholders)  
*This question is applicable to shareholders with 15% or more of the issued share capital of the Applicant Company.*

	Shareholder 1	Shareholder 2
Name		
Address <sup>2</sup>		
Number of shares held		
Date of acquisition		
	Name and address of each Beneficial Owner if <b>Shareholder 1</b> is a nominee or non-individual, with reference to their percentage of beneficial ownership	Name and address of each Beneficial Owner if <b>Shareholder 2</b> is a nominee or non-individual, with reference to their percentage of beneficial ownership

<sup>2</sup> In the case of an individual, the member's residential address and in the case of a body corporate, the address of the registered office.

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**10. Minority Shareholders** (please use separate sheet if there are more than 2 minority shareholders)  
*This question is applicable to shareholders with less than 15% of the issued share capital of the Applicant Company.*

	Shareholder 1	Shareholder 2
Name		
Address <sup>3</sup>		
Contact Number		
Email Address		
Number of shares held		
Date of acquisition		
	Name and address of each Beneficial Owner if <b>Shareholder 1</b> is a nominee or non-individual, with reference to their percentage of beneficial ownership	Name and address of each Beneficial Owner if <b>Shareholder 2</b> is a nominee or non-individual, with reference to their percentage of beneficial ownership

**11. Former trading or corporate names of Applicant Company used in the past ten years, if any.**

1.
2.

<sup>3</sup> In the case of an individual, the member's residential address and in the case of a body corporate, the address of the registered office.



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## 12. Contingent and Prospective Liability Coverage

Please provide a brief description of how contingent and prospective liabilities will be covered.

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## 13. Source of Capital

Please provide supporting documents for Equity, Loan and/or Cash.

Details	Amount (SCR)
Total Capital of Applicant (SCR)	

## 14. Proposed Employment Size

Total	Locals	Expatriates

## 15. Details of the parent company (in case the applicant is a subsidiary of another company, please provide a group company structure)

Name	
Business Address	
Registered Address	
Nature of business	

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**16. Details of subsidiaries (if any) of the applicant or of any enterprise in which the applicant has a shareholding or similar interest**

	Subsidiary 1	Subsidiary 2
Name		
Business Address		
Registered Address		
Nature of business		

**17. If the answer is YES to any of the below questions, please give full particulars on a separate sheet of paper clearly stating the number of the question to which the details relate. Please note that no time restrictions apply to the matters you are asked to disclose. Any convictions and other facts must be stated.**

a) Has your organization, an associated business entity or any Directors of the Organization ever been convicted of an offence whether civil or criminal in nature or whether alleged or proven	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Has your organization, an associated business entity or any Directors of the Organization ever been cautioned for an offence	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Has your organization, an associated business entity or any Directors of the Organization ever been the subject of any recorded judgment	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Has your organization, an associated business entity or any Directors of the Organization ever been the subject of any litigation	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Has your organization, an associated business entity or any Directors of the Organization ever been the subject of an investigation by law enforcement or any other statutory, regulatory or government body	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Is your organization or an associated business entity the subject of any current investigation or enquiry by law enforcement or any other statutory or government body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Does your organization or an associated business entity hold, have any application pending or denied, or previously held, a gaming related licence, permit or authorization anywhere else in the world?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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## 18. Applicant Bank Accounts

Please provide details of all accounts the Applicant currently holds in any bank or similar financial institution, including corporate funds and player funds. (use separate sheets if there are more than 2 accounts)

Please provide 1 original bank statement from each bank for all accounts the applicant currently holds and 1 original bank reference from each bank of the applicant.

	Account 1	Account 2
Name of bank/ financial institution		
Branch		
Account number		
Purpose of Account		
Signatory to the Account		
Full Name:		
Position:		
Signatory to the Account		
Full Name:		
Position:		

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## DECLARATION

I have been duly 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, complete and accurate to the best of my knowledge, information and belief and that, if any of the information contained in or appended to this application is discovered to be false, I may be liable to prosecution.

The undersigned Officer of the Applicant Company agree:

- to furnish any further information that the Authority may require when considering this application
- to notify the Authority immediately of any material changes in the information provided in this application
- that any person named within this application form is authorised to release any information requested by the Authority

As part of the application process, the Financial Services Authority will make extensive due diligence enquiries in order to establish that the Applicant Company is under the control and management of persons of integrity and competence who are of sound character and financial status. To do so, the Authority will seek confirmation of facts and potentially seek further information from third parties, amongst which will be the Seychelles Police, the Seychelles Revenue Commission, Banks and others.

The officers of the Company hereby grant authorisation for the Authority to undertake such enquires, and to request and receive information about the Applicant Company and the individuals named in the application from such third parties.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Signature: \_\_\_\_\_

**SIGNED BY OR ON BEHALF OF THE APPLICANT:**

Name: .....

Applicant: .....

**WITNESSED BY:**

Witness Signature: \_\_\_\_\_

Name: .....

Address: .....

Occupation: .....

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## Checklist

Below is a checklist, advising of the type of information which should be submitted to FSA, when applying for a casino/slot machine licence. Please insert a page reference within your proposal to each information item listed below.

<b>The Application Fee</b>	<input type="checkbox"/>
<b><i>Part 1: CONSTITUTIONAL DOCUMENTS FOR APPLICANT COMPANY, PARENT COMPANY AND SUBSIDIARY COMPANY</i></b>	
Certified copy of Certificate of Incorporation	<input type="checkbox"/>
Certified copy of Memorandum of Association	<input type="checkbox"/>
Certified copy of Articles of Association	<input type="checkbox"/>
Shareholding Structure	<input type="checkbox"/>
<b><i>Part 2 – BUSINESS PLAN</i></b>	
<b>A. Business Objectives</b>	<input type="checkbox"/>
<b>B. Services and Infrastructure Investment Details</b>	
Proposed gambling premises lease/purchase agreement	<input type="checkbox"/>
Details of Head Office and other premises if different from above (including office space, equipment and fittings)	<input type="checkbox"/>
Proposed equipment supplier agreement or quotation and licence certificate and sample – In the case of Casino (Casino tables, shufflers, roulette wheels, chips, playing cards, slot machines, other gambling machines)	<input type="checkbox"/>
Proposed equipment supplier' agreement or quotation, and licence certificate – In the case of Slot Machines (Slot machines , other gambling machines, games per machine)	<input type="checkbox"/>
Method of security and surveillance equipment provider and agreement. A layout of the security and surveillance system equipment with a full description of their functions and location.	<input type="checkbox"/>
List of Casino and/or Slot Machine games being proposed and certification where applicable. Certifications include but not limited to: <ul style="list-style-type: none"> <li>• Full test report for each slot machine games software;</li> <li>• Full test report for each operating system/Base software;</li> <li>• Full test report for each slot machine hardware;</li> <li>• Letter of certificate for each test report issued by an independent Regulatory Authority (where applicable)</li> </ul>	<input type="checkbox"/>

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<b>C. Electronic Monitoring System (EMS)</b>	
Certification of EMS	<input type="checkbox"/>
Test Report	<input type="checkbox"/>
Manufacturer and supplier details (if different)	<input type="checkbox"/>
Applicant and Supplier Agreement (if applicable)	<input type="checkbox"/>
EMS manual system (if available)	<input type="checkbox"/>
<b>D. Marketing</b>	
Overview of Marketing strategy and adherence to regulatory standards (premises, media, etc.)	<input type="checkbox"/>
Details of acquisition and promotional offers	<input type="checkbox"/>
<b>E. Human Resources</b>	
Organizational Chart	<input type="checkbox"/>
Job Descriptions	<input type="checkbox"/>
Training Requirements	<input type="checkbox"/>
<b>F. Financial Forecast (three year forecast) – which includes information on</b>	
General Overheads	<input type="checkbox"/>
Salaries and Wages	<input type="checkbox"/>
Administrative Costs, Training Costs	<input type="checkbox"/>
Marketing, Insurance	<input type="checkbox"/>
Consultancy Fees, Finance Charges	<input type="checkbox"/>
A payments schematic diagram showing the flow of cash and other funds	<input type="checkbox"/>
<b>PART 3 – FINANCIAL ACCOUNTS</b>	
Audited Financial Statements of existing company for the past three years or since incorporation (if applicable)	<input type="checkbox"/>
The most recent set of annual accounts of the parent company, subsidiary and any associated company (if applicable)	<input type="checkbox"/>
<b>PART 4 – DUE DILIGENCE / KYC PROCEDURES – Money Laundering, Terrorist Financing and Proceeds of Crime</b>	
Minimum Standards to be at least in line with the revised 40 recommendations of the FATF on Money Laundering.	<input type="checkbox"/>
<b>PART 5 – INTERNAL CONTROL SYSTEM</b>	
Internal Control System (ICS) indicating how the applicant proposes to manage its operations including its procedures and processes.	<input type="checkbox"/>

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<b>PART 6 – PERSONAL QUESTIONNAIRE</b>	
Personal Questionnaire completed for all directors, managerial staff, designated officials, all other key functions and employees, individual shareholders holding 15% or more and beneficial owners.	<input type="checkbox"/>
<b>PART 7 – ADDITIONAL DOCUMENTS</b>	
1 original bank statement from each bank for all accounts the applicant currently holds	<input type="checkbox"/>
1 original bank reference from each bank of the applicant	<input type="checkbox"/>
Certified copy of the Resolution of Directors approving the signatory to the bank account	<input type="checkbox"/>
Certification from relevant authorities for premises as follows: <ul style="list-style-type: none"> <li>• Planning approval for development/construction of a new premise</li> <li>• Planning approval for change of use for exiting premise</li> <li>• Occupancy certificate</li> <li>• Agreement between the Managing Company/Operator and the applicant/licencee</li> </ul>	<input type="checkbox"/>