

Application for Certificate of Approval for Gambling Licensees



FINANCIAL SERVICES AUTHORITY

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Mahé
Seychelles

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Application for Certificate of Approval

Notes

- As per section 31(1) of the Seychelles Gambling Act, 2014, this form should be completed by individuals applying for a Certificate of Approval in order to undertake employment at a licensed gambling establishment in the Seychelles.
- Only prospective employees with roles designated as **“Key Employee”** or **“Other Employee”** under the regulatory requirements stipulated under section 31 (2) of the Seychelles Gambling Act, 2014 are required to complete this form.

“Key employee” (employee with managerial function) is an employee taking up any management position within the gambling licensed premises, such as Financial Controller, Casino or Slot Machine Manager, Floor Manager, Human Resource Manager, Surveillance and Security manager.

“Other employee” (employee without managerial function) is an employee whose work is directly involved with the gambling floor area such as supervisor, senior or inspector’s position, pit boss, cashier, surveillance, dealers, technician, etc.

- Proposed directors and General Manager of such establishments are required to fill in the Personal Questionnaire Form.
- Beneficial owners and shareholders are required to fill in the Questionnaire form for Shareholders and Beneficial Owners.
- The Authority may suspend or withdraw the Certificate of Approval issued to an individual in accordance with section 36 of the Seychelles Gambling Act, 2014.
- It should not be assumed that information is known to the Authority because it is in the public domain or because it has previously been disclosed to the Authority or other regulatory body. If you are uncertain that the information is relevant, you are strongly recommended to include it.
- The information requested in this form are not exhaustive of the matters that the Authority may need to consider. The Authority reserves the right to seek references from any organisations and individuals named in the responses. It is important therefore to ensure that full names and addresses are provided.
- The Authority requires that the form is completed in its entirety. The Authority shall return forms that are incomplete or that does not disclose full information and as such, this may result in delays.
- The Authority will use the personal information provided to discharge its statutory functions. The Authority may share the information with other bodies, including regulatory bodies in line with its statutory powers.
- An applicant should not occupy the proposed position or perform any related function until such time that the Authority has granted its approval.
- Completed forms and accompanying application documents should be submitted to:

The Chief Executive Officer
Financial Services Authority
Bois de Rose Avenue
P.O. Box 991
Victoria
Mahé
Seychelles

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Instructions for Completing the Application for Certificate of Approval

- This form is to be completed in either English or French.
- 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 attached page that is clearly identified as the continuation of an answer by stating the question number.
- All dates should be completed in the form: Day / Month / Year
- Please ensure that all answers and information are true and correct. Failure to do so can lead the Authority to reject an application or either suspend or withdraw a certificate of approval that has been granted on the basis of untrue or incorrect information.
- Please ensure that all documents as per the checklist are provided.
- All documents required to be attached with this Application must be current and dated no more than 3 months from the date of submission.
- Certifiers are required to sign under seal, state his/her name in block capitals, telephone number, profession, name and address of business or official stamp, and date on which the document is being certified. The certifier should not be closely related to the person whose identity is being certified (e.g. immediate family member, spouse, etc.) The following categories of Certifiers are considered acceptable by the Authority:
 - (i) a Judge
 - (ii) a Notary public
 - (iii) a Magistrate
 - (iv) a Barrister-at-Law
 - (v) a Solicitor
 - (vi) an Attorney-at-Law
 - (vii) a Commissioner of Oaths

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

FOR OFFICIAL USE ONLY	
Date PQ Received	
Application Number	
Assigned Officer	

Application for Certificate of Approval

Section 1: General Information								
1. Name of the Licensee								
2. Licence(s) under which the application is being lodged ¹								
3. Proposed Role within the Licensee	Key Employee <input type="checkbox"/> Other Employee <input type="checkbox"/>							
	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; padding-right: 20px;">Applicable Fee</td> <td></td> </tr> <tr> <td>SCR 1000</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SCR 500</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SCR 250</td> <td><input type="checkbox"/></td> </tr> </table>	Applicable Fee		SCR 1000	<input type="checkbox"/>	SCR 500	<input type="checkbox"/>	SCR 250
Applicable Fee								
SCR 1000	<input type="checkbox"/>							
SCR 500	<input type="checkbox"/>							
SCR 250	<input type="checkbox"/>							
Post Title: As per the Job description								
Section 2: Personal Details								
4. Surname								
5. First name(s)								
6. Title (Mr, Mrs, Ms and etc.)								
7. Other names that you are/ have been known by (including name at birth, previous married names, aliases). Indicate reason for change i.e. Marriage, adoption by common usage and etc.								
8. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>							
9. Date of Birth								
10. Place of Birth								
11. Nationality(ies)								
12. Country of permanent residence								
13. Email Address(es) for serving of correspondences								

¹ This refers to the licence(s) under which the application is being lodged; whereby the individual would be assessed in relation to the licence(s) specified only.

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14. Postal addresses for serving of correspondences			
15. Telephone Number(s)			
16. Fax Number(s)			
17. National Identity Number and/or National Insurance number and/or Social Security number. Please tick and provide identification number below.	National Identity Number <input type="checkbox"/>	National Insurance Number <input type="checkbox"/>	Social Security Number <input type="checkbox"/>
18. Passport Number(s)			
19. Beginning with your current residential address, list below all addresses during the last 5 years with relevant dates. Refer to Checklist			
Dates	Address		

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Section 3: Training

20. Details of any relevant training undertaken (e.g. AML/ CFT Training, Compliance Training, etc.)

Year	Training	Training provider	Duration

Section 4: Career History

21. Beginning with your present occupation or employment, please list all occupations and employment during the last 10 years including the full name and addresses of the employers, the nature of the businesses, the positions held and the relevant employment dates for each position. Kindly provide the latest employment reference from the list below **(NB: The Authority may seek further information IRO references from previous employers.)**

Name, address and contact details of employer	Nature of Business	Position(s) Held	Dates of employment

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22. **For Key Employees only:** Details of any body corporate or authorized entities of which you are in partnership, have other business interests or affiliations.

Company Name	Company Number	Country of Registration	Nature of Interest/ Affiliation	Nature of Business

23. Details of any previous approvals as a key person by a relevant gambling regulatory authority (or equivalent) in any jurisdiction (if applicable), including Seychelles.

Position	Jurisdiction	Year approval obtained	Nature of Business	Regulatory Authority

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Section 5: Civil and Disciplinary Proceedings and Offences and Criminal Matters

If any of the answers to questions 24 to 32 are "Yes", 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. The questions refer to all jurisdictions and countries, and your answers should not be restricted to any one jurisdiction in isolation. Declaring a conviction etc. should not be seen as an automatic bar to licensing, as all matters are judged individually on their merits.

24. Is there any outstanding or upcoming civil or criminal litigation against you (including in your capacity as trustee of a trust) or any company of which you are an officer; or are there any current proceedings issued by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Have any civil or criminal judgments ever been issued against you (including in your capacity as a trustee or a trust)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Have you at any time been convicted of any criminal offence? If so, give full details of the court by which you were convicted, the offence and the penalty imposed and the date of conviction.	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Have you been subject of an investigation by a government, professional or other regulatory body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Have you ever been subject of a disciplinary enquiry or internal investigation in connection to a post or office held?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Have you ever been suspended from any office or asked to resign, had your contract terminated, been the subject of a written warning or been the subject of any other disciplinary action as to your conduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. Have you been dismissed from any office of employment or barred from entry to any profession or occupation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
31. Have you ever been subject to any penalty or enforcement action by any other government agency (e.g. Tax Authority, Financial Intelligence Unit, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Have you failed to satisfy any debt adjudged due and payable by you as a judgment-debtor under an order of a court?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 6: Disclosure of Conflict of Interest

Please be advised that the information provided below will not affect your application. It is requested so that the Authority can identify and manage potential conflicts of interest, both in the handling of this application and in any future dealings with your organization.

Do you have any close connection with a member or employee of the Authority (for example, friends, close business relationship or immediate family (which includes spouse, partner, children and their spouses or partners, parents or siblings)	
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Please disclose any other facts that you believe are material to the Authority in considering your application.

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DECLARATION

I, (state full name):

Declare:

- a) that I have, to the best of my knowledge, truthfully and fully answered the relevant questions in this Questionnaire and disclosed any information which might reasonably be considered relevant;
- b) that I will promptly notify the Financial Services Authority of any changes in the information I have provided and supply any other information that may arise: and
- c) that I fully understand and acknowledge that a failure on my part to comply with the declaration will render the application to be subject to refusal and, if such failure is discovered after the application has been accepted, will annul any authorisation provided.

I hereby understand and consent that the Financial Services Authority may wish to make enquiries, both now and on a continuing basis, to satisfy itself as to my initial and continuing fitness and propriety. Accordingly, I, together with any other person, body or institution (including the Police) which the Authority may approach, to provide such information as the Authority believes may be relevant to its assessment of my initial and continuing fitness and propriety.

I consent to the Financial Services Authority accessing and using information from sources in the Seychelles or elsewhere for its determination.

Applicant

Signature:

Date:

DECLARATION BY LICENCE HOLDER

This declaration should be signed by the Director, General Manager or Human Resource Manager of the licence holder.

I, as the (insert post title) of (insert name of licensed gambling establishment) hereby confirm that I have read and understood the instructions provided in this form. I certify that the information provided herein is complete and correct to the best of my knowledge and belief. After verifying to the extent possible the information included in this form, and following due diligence measures undertaken, I believe that the applicant satisfies the requirements to be deemed fit and proper to take up the proposed position stated in Question 3 of this Form.

Full Name:

Signature:

Position:

Date:

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Checklist

Below is a checklist that has been designed to assist applicants to ensure that all of the information required by the Financial Services Authority has been submitted in order for the Authority to determine if the applicants are fit and proper.

Application Fee – Key Employee/Other Employee	<input type="checkbox"/>
Application Form completed in full	<input type="checkbox"/>
Certified true copy of identification documents ² (i.e. National Identity Card and/or passport(s))	<input type="checkbox"/>
1 recent passport photograph signed at the back by certifier (Applicable to all applicants)	<input type="checkbox"/>
1 Original bank reference from each bank with which you are affiliated and a Report from Credit Rating Agency from Country of Residence (if available)	<input type="checkbox"/>
Certified copies of stated higher academic qualifications	<input type="checkbox"/>
Certified copies of stated professional qualifications	<input type="checkbox"/>
Certified copies of stated membership to professional bodies (if applicable)	<input type="checkbox"/>
A certified copy of a valid Gainful Occupation Permit (GOP) not older than one year and/or a certified copy of Employment certificate specifying the approved position of the new employee or existing employee	<input type="checkbox"/>
Certified proof of residential address not older than three (3) months e.g. utility bill (water and/or electricity) and/or bank statement, and/or tenancy agreement	<input type="checkbox"/>
Latest employment reference (if applicable)	<input type="checkbox"/>
List of directorships, partnerships, other business interests or affiliations (if applicable)	<input type="checkbox"/>

² The identification documents must be certified by an acceptable certifier, who has known the incumbent. Certifiers should state on the identification document that it is a true copy of the original document, and sign at the back of a recent passport photo certifying that it is a true likeness of the individual. The certifier should sign under seal, state his/her name in block capitals, telephone number, profession, name and address of business or official stamp, and date on which the document is being certified.

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Detailed job description of your proposed role or position	<input type="checkbox"/>
Original Police Character Reference/ certificate not older than three (3) months from the Country in which the applicant resides or its equivalent	<input type="checkbox"/>
Tax Clearance Certificate from the Country in which the applicant resides or its equivalent	<input type="checkbox"/>
Politically Exposed Person (PEP) Self-Declaration Form (Not older than six months old)	<input type="checkbox"/>