

Renewal Application Form for Gambling Licensees



FINANCIAL SERVICES AUTHORITY

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Website : www.fsaseychelles.sc

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Casino/Slot Machine Licence Renewal 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, Mahé
Republic of Seychelles

Attention: Director of Insurance, Gambling and Pension Supervision Section

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

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Part A

1. Details of Applicant Company

Full Legal name of applicant company		
Trading name under which the gambling services is offered		
Date of incorporation (Day/ Month/ Year)		
Type of licence being renewed	Casino Licence (land based operations) Slot Machine Licence (land based operations) Interactive Gambling Licence	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Company Casino/Slot Machine/ Interactive Gambling Licence Number		
Licence Renewal Year		
Contact Details ¹		
Address of Registered Office		
Business Address		
Other Business Interest ²		

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

	Director 1	Director 2
Name		
Business Address		
Telephone		
Email		

¹ Details of the individual designated as the main point of contact for this renewal application

² Please state all the business interests and affiliations of the applicant.

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3. Name of Shareholders (Please list all the significant and minority shareholder. Use separate sheet if there are more than 2 shareholders. This question is applicable to all shareholders with issued share capital of the licensee's company)

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

4. Current Employment Size

Total	Locals	Expatriates

³ 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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5. 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 organisation, an associated business entity or any Directors of the Organization been convicted of an offence whether civil or criminal in nature or whether alleged or proven during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Has your organisation, an associated business entity or any Directors of the Organization been cautioned for an offence during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Has your organisation, an associated business entity or any Directors of the Organization been the subject of any recorded judgment during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Has your organisation, an associated business entity or any Directors of the Organization been the subject of any litigation during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Has your organisation, an associated business entity or any Directors of the Organization been the subject of an investigation by law enforcement or any other statutory, regulatory or government body during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Is your organisation 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"/>

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6. 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. 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. (Use separate sheets if there are more than 2 accounts)

	Account 1	Account 2
Name of bank/ financial institution		
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 licensee 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 licensee hereby grant authorisation for the Authority to undertake such enquires, and to request and receive information about the licensee and the persons named in this 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 renewal. Please insert a page reference within your application form to each information item listed below.

PART 1 – DECLARATION LETTER	
<p>Declaration letter to confirm whether there have been any changes to;</p> <ul style="list-style-type: none"> • Information submitted as per the initial gambling licence application; • Information submitted as per the Personal Questionnaire forms for directors, managerial staff, designated officials, all other key functions and employees, individual shareholders holding 15% or more and beneficial owners; • The current shareholders/directors; and • Any other relevant information previously submitted to the FSA. <p>Subjected that there are no changes in relation to the above, the licensee will be required to submit only the updated documents/information accordingly, which includes but not limited to updated KYC documents such as Certified Passport and NIN Card copy if expired, completed PEP form, Tax clearance Certificate, Police Character Reference, Proof of Address and Bank Reference. However, in the event that there are new or change in shareholders/directors, they will be required to submit the Personal Questionnaire form along with the relevant documents.</p>	<input type="checkbox"/>
Part 2: CONSTITUTIONAL DOCUMENTS FOR APPLICANT COMPANY	
Updated Organisation Structure	<input type="checkbox"/>
Updated Shareholding Structure	<input type="checkbox"/>
Part 3 – CASINO TABLES/SLOT MACHINES DETAILS	
<p>Updated list of Casino and/or Slot Machine games being used. The list should include but not limited to:</p> <ul style="list-style-type: none"> • Number of slot machines and casino tables; • In the event where the casino tables and slot machines will not be operational, the licensee must specify the number, reason for such and where the slot machines and casino tables will be stored. 	<input type="checkbox"/>
<p>Specification of slot machines must include but not limited to:</p> <ul style="list-style-type: none"> • Game names; • Vendor/manufacturer; • Slot machine serial number; • Cabinet model/model number; • Game software version; • Operating system version; • Denomination; 	<input type="checkbox"/>

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<ul style="list-style-type: none"> • Minimum and maximum bets; and • Return to Player (RTP)%. 	
<p>Specification of casino tables must include but not limited to:</p> <ul style="list-style-type: none"> • Table vendor/manufacturer; and • Casino game or (games if the table is reversible). 	<input type="checkbox"/>
<p>The gaming floor area and layout of slot machines and/or tables – (illustrating each bank and number of slot machines)</p>	<input type="checkbox"/>
A. Human Resources	
<p>Updated employee list must include but not limited to:</p> <ul style="list-style-type: none"> • The position being held by the employees; • Employees holding a Certificate of Approval; and • List of Seychellois and Non-Seychellois employees 	<input type="checkbox"/>
PART 4 – FINANCIAL ACCOUNTS	
Audited Financial Statements and/or Unaudited Financial Statement	<input type="checkbox"/>
Bank Statements for the previous twelve (12) months	<input type="checkbox"/>
PART 7 – ADDITIONAL DOCUMENTS	
Tax Clearance Certificate on the Company's name	<input type="checkbox"/>
<p>Copy of Insurance Policy for;</p> <ul style="list-style-type: none"> • Employee/Group Personal Accident and • Public Liability • Cash Insurance Cover • Multi risk Insurance Policy which covers fire, theft etc... 	<input type="checkbox"/>
Procedure Manuals for responsible gambling for the respectful establishment as per the FSA's Notice of imposition to all licensees	<input type="checkbox"/>
Updated Internal Controls Manual/ AML/CFT Manual	<input type="checkbox"/>