



Ministry for Finance and Economic Management

CONFIDENTIAL

PERSONAL PROBITY FORM

This Form is to be completed to enable suitability checks to be performed in connection with Conduct, Ownership, Management or Administration of a Business to be Licensed under the Interactive Gaming Act No: 16 of 2000.

Form Number IG-002

Regulator of Interactive Gaming
C/O Global Gaming Regulators
PO Box 3113
Port Vila
Vanuatu
+678 23010
applications@gamingregulator.com

Version:1.01

INSTRUCTIONS FOR COMPLETION

1. The Personal Probity Form must be completed by each director, secretary and other office holders of the company as well as the chief executive officer of the company. Individuals who are subsequently determined to be relevant associates of the licensee or the applicant, may also be requested to complete this form.
2. Type or print in BLOCK LETTERS an answer to every question.
3. If an electronic version of this form is being completed, information supplied in response to a question may be inserted but no question, or the order of questions, is to be altered.
4. If a question does not apply state "N/A".
5. If there is nothing to disclose in reply to a particular question state "nil".
6. If there is insufficient space to answer a question, additional information may be provided on an attachment page. When required to use an attachment page precede each answer with the title applicable to that question.
7. All dates should be completed in the Form: Day / Month / Year.
8. Each page of this Form and each attached page should be signed by the person completing the Form in the space provided.
9. This Form is to be completed in the English language. Any documents required to be provided are to have a certified English translation appended.
10. Documents or other information sought from authorities in Vanuatu may not be applicable to an individual currently or previously residing in another country. In such cases the documents or information should be obtained from the equivalent authority of that country.
11. An "*" signifies "Delete which ever is not Applicable"
12. The photograph to be attached to the Certificate Should be:
 - No more than six (6) months old;
 - Display a full view of the head and shoulders without any head covering or tinted glasses (if you normally wear glasses you should do so in the photograph);
 - Approximately 35mm wide x 45mm high (passport size) against a light background; and
 - In colour.
13. If accompanied by an application form for a licence or an authority, please enclose the

application and any accompanying fee in the envelope.

14. The completed form should be forwarded to:

The Regulator of Interactive Gaming
C/O Global Gaming Regulators
PO Box 3113
Port Vila
VANUATU
applications@gamingregulator.com

15. The “Personal Probity” Form should be sealed in an envelope and marked “Private and Confidential - Attention: The Regulator of Interactive Gaming”.

16. Any enquiries should be directed to the CEO, Global Gaming Regulators:
Telephone +678 23010
or emailed to applications@gamingregulator.com

IMPORTANT

WARNING ABOUT FALSE OR MISLEADING INFORMATION OR INCOMPLETE DISCLOSURE

Applicants and other persons completing this Form should be aware that action may be taken should information be supplied that is false, misleading or incomplete in a material particular. Anyone who submits false or misleading information may be prosecuted and fined.

Where a licence is issued and it is subsequently found that full disclosures had not been made in relation to the licensee or its associates or that false or misleading information had been provided, show cause action may be taken. That action would determine whether the licence should be cancelled or suspended.

Personal Probity Checks are conducted by Global Gaming Regulators Limited in conjunction with the State Law Office of Vanuatu

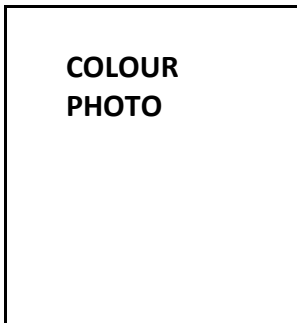
CERTIFICATE

I,

(Full name of person)

hereby declare as under:

- (a) I am the person identified in this document.
- (b) I have personally completed this form or have supplied all the information indicated herein.
- (c) I certify that the particulars contained herein and all matters accompanying this form are true and correct in every detail and fully disclose the information required to complete this form.
- (d) I am the person in the photograph attached below
- (e) I agree, if requested, to have my fingerprints taken and checked for the purpose of probity
- (f) I agree, if requested, to provide my income tax returns or income tax assessments.



Date of Photograph: / /

Photograph attached and this certificate signed at
this day of 20 .

(Signature)



WITNESS CERTIFICATE

Name of Witness: _____

Address of Witness: _____

I confirm that the above attached photograph is a photograph of:

(Name of Person)

(Address of Person)

Dated at this day of 20 .

(Signature of Witness)



AUTHORITY FOR RELEASE OF INFORMATION

I,
(Full name)

of
(Address)

grant an Authority on the following terms:

1. I acknowledge that, for the purpose of a probity clearance, I authorise Global Gaming Regulators for and on behalf of the Minister for Finance and Economic Management, to cause to be made investigations about me for the purposes of determining my suitability for the purposes of Licensing under either the *Interactive Gaming Act No: 16 Of 2000* ("Acts").
2. I authorise the Minister and any person conducting any investigations or enquiries on behalf of the Minister for the purposes of the Acts, including any officer of the Government ("Authorised Persons"), to obtain any information and make any investigations or enquiries which relate to me and may be relevant to any of the purposes of the Acts, in any jurisdiction.
3. I authorise Government Officers or the manager or other principal officer of any branch or office of a bank or financial institution in any jurisdiction to whom a copy of this Authority is presented to allow any Authorised Person to inspect and obtain copies of, or to release to any Authorised Person, any record, document or other information of any kind in written, electronic or any other form, which relates to me and is held by the Government, bank or financial institution.
4. I authorise any officer of any police service, law enforcement agency or regulatory body in any jurisdiction to whom a copy of this Authority is presented to release to any Authorised Person any information or official record of any kind in written, electronic or any other form, which relates to me and is held by the police service, agency or body, including any information relating to my personal and criminal history.
5. I will at all times sufficiently indemnify the Authorised Persons and keep the Authorised Persons indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against the Authorised Persons or incurred or become payable by the Authorised Persons in respect thereof.

.....
Signature of Witness

.....
Signature

.....
(Print witness name and address in Full)

..... / /

PERSONAL INFORMATION

PART ONE

Information to be provided by way of attachments

The following attachments must accompany this form.

- A. A copy of one of the following as proof of identity –
 - (i) Birth certificate or extract;
 - (ii) Current driver’s licence;
 - (iii) Marriage certificate.

- B. A copy of your passport or visa.
(This includes your current and any expired passports in your possession. If you have never held a passport you should state so at Question F(i) of Part Two of this document.)

- C. A Police Report or Clearance from the appropriate authority in the jurisdiction in which you currently reside.
(eg. In the case of a Vanuatu resident this means obtaining a report or clearance from the Police.)

- D. Summary of Work and Business History
 - 1. Summary of Directorships (including past and present).

This should be set out in tabular form using the following headings:

Name of Company	Location of Company	Date of Appointment as Director	Date of Cessation As Director	Nature of Business
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- 2. Summary of Businesses conducted by you or in partnerships etc. not detailed in 1 above (including past and present).

This should be set out in tabular form using the following headings:

Name of Company	Location of Company	Date of Commencement	Date of Cessation	Nature of Business
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3. Summary of any other employment not detailed in 1 or 2 above (including past and present).

This should be set out in tabular form using the headings listed in 2 above.

- E. Three written references:-

(At a minimum, these references should include –

- . a statement in relation to your character and/or business reputation (at least 1 character and at least one business reference must be provided);*
- . a confirmation of years known;*
- . how you are known to the referee;*
- . a statement that the referee is agreeable to be contacted to further discuss these matters, if it is deemed necessary to do so;*
- . full name and contact details of the referee.)*

PERSONAL INFORMATION

PART TWO

Information to be Provide by Written Answer

A. PERSONAL DETAILS

(i) Full name: _____

(ii) Alias(es), nicknames, maiden name, other name changes, legal or otherwise, you have used or by which you have been known (legal or otherwise):

(iii) Present residential address:

No. Street Suburb

(City/Town) State Postcode

Present business address:

No. Street Suburb

(City/Town) State Postcode

(iv) Present Occupation:

Telephones:

Business: (___) _____
Home: (___) _____
Mobile: (___) _____

E-Mail: _____

(v) Date of birth: ____/____/____(Day/Month/Year) Sex: * Male / Female

Place of birth: _____, _____
City State Country

(vi) Physical description:

Height: _____ cms Colour of eyes: _____

Weight: _____ kgs Colour of hair: _____

Complexion: _____

Scars, tattoos, or other distinguishing marks: _____

(vii) Are you a citizen of Vanuatu? ***YES / NO**

If a naturalised citizen of Vanuatu, state the date and place of naturalisation and the certificate number: _____

If a citizen of another country, state that country:

(viii) Are you enrolled on an Electoral Roll? ***YES / NO**

If yes, state the name and address under which enrolled: _____

Electoral Country, District and Division: _____

If no, give reasons why not enrolled: _____

If enrolled on the electoral roll of another country, please state the type (eg State, County, Province or Federal) and name of the roll: _____

(ix) Are you the holder of a current Driver's Licence? ***YES / NO**

If yes, date and place of issue: _____

Licence No: _____

(Note: You may be required to produce your driver's licence if an interview is to be conducted)

B. MARITAL INFORMATION

- (i) What is your marital status, including any defacto relationship? (If applicable complete the following):

Date of marriage: _____/_____/_____

Place of marriage: _____
City State Country

Full name of spouse / defacto*: _____

Maiden name of spouse / defacto* (where applicable): _____

Date of birth of spouse / defacto*: _____/_____/_____

Place of birth of spouse / defacto*: _____

- (ii) Residential address of spouse / defacto*:

No. Street Suburb

(City / Town) State Postcode

Spouse's / defacto's* employer: _____

Spouse's / defacto's* occupation: _____

- (iii) List of current names (including maiden surname) and current addresses of previous spouses. If deceased, indicate accordingly.

Current name (in full): _____

Maiden surname: _____

Current address:

No. Street Suburb

(City / Town) State Postcode

C. FAMILY PARTICULARS (details of deceased persons are respectfully requested)

(i) Father: _____
Surname First Middle

Date of birth: ____/____/____ Usual Occupation: _____

(ii) Mother: _____
Surname First Middle

Date of birth: ____/____/____ Usual Occupation: _____

(iii) List all Brothers and sisters (whether a blood relative or not). Show relationship of each.

Relationship	Present Surname	First Name	Middle Name	Date of Birth	Occupation
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(iv) Children: List all, including step or adopted children. Show relationship of each.

Relationship	Present Surname	First Name	Middle Name	Date of Birth	Occupation
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D. EDUCATION / QUALIFICATIONS

- (i) What level of education did you attain: _____

- (ii) Name of last educational institution attended: _____

- (iii) Year enrolled: _____
- (iv) Professional qualifications with a copy to be attached (if any): _____

E. ARMED FORCES INFORMATION

- (i) Have you ever served in any Armed Forces? ***YES / NO**

If yes, complete the following:

Country: _____ Arm of service: _____

Branch: _____ Date of entry: ____/____/____

Date of discharge: ____/____/____ Type of discharge: _____

Rank at discharge: _____ Serial number: _____

While in the armed forces were you ever arrested for an offence which resulted in summary action, a trial, or court martial? ***YES / NO**

If yes, please provide details: _____

G. RESIDENCES

(i) List all addresses at which you have been permanently resident over the last ten (10) years beginning with your current address and working backwards. Show the period at each residence.

Month and year (from - to)	Street and No.	Suburb/City	State	Country
-------------------------------	----------------	-------------	-------	---------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

H. FIREARMS

(i) Have you or your spouse / defacto ever applied for a firearm licence?
***YES / NO**

If yes, advise:

Date of Application	Place filed	Reason for ownership or Reason for denial	Licence No. (if applicable)
------------------------	-------------	--	--------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. ARRESTS, DETENTIONS AND LITIGATION

Please note that disclosure of these matters in respect to a conviction or charge under a Vanuatu law is not limited by any timeframe.

- (i) Have you ever been, in Vanuatu or elsewhere:
- (a) convicted of an offence? * YES / NO
 - (b) investigated (to the best of your knowledge) by a law enforcement agency? * YES / NO
 - (c) Arrested by a law enforcement agency? * YES / NO
 - (d) Detained by a law enforcement agency? * YES / NO
 - (e) Charged by a law enforcement agency? * YES / NO
 - (f) Summoned before a court to answer any offence for any reason whatsoever regardless of the outcome of the action? * YES / NO
 - (g) Had any charge proved against you without a conviction being recorded? * YES / NO
 - (h) Cautioned by the police? * YES / NO
 - (i) The subject of a Violence Order? * YES / NO
 - (j) The subject of a cancelled or suspended driver's licence? * YES / NO

If yes to any of the above, provide full details by attachment.

NOTE: Law enforcement agency includes but is not limited to State, Federal and Overseas Agencies such as Police Services, Crime Authorities, Crime Commissions, Commissions against Corruption, Securities and Investment Commissions, Customs Services, Taxation Offices, Competition and Consumer Commissions and Gaming Authorities.

(ii) Have you ever been a party in a civil lawsuit or are you aware of any such action that may be pending? ***YES / NO**

If yes, please provide details _____

(iii) Have you ever had a judgement returned against you? ***YES / NO**

If yes, please provide details (unless already provided) _____

J. INVOLVEMENT IN GAMING AND OTHER EMPLOYMENT

(i) Are you or have you been associated with the ownership, administration or management of, or held any financial interest in:

- a casino;
- Keno or lottery operations;
- interactive gambling operation;
- race wagering or sports wagering operations;
- club, hotel or tavern;
- the manufacture, assembling, selling, distributing, importing, supplying or repairing of gaming machines, in line machines, lucky envelope machines or other amusement devices.

If yes, please provide details _____

(ii) Are you or have you ever been engaged in bookmaking operations in any capacity or otherwise involved in the racing industry.

(iii) Have you previously been subject to probity investigations in this or any other jurisdictions? ***YES / NO**

If yes, please provide details _____



(iv) Have you ever been dismissed, discharged or asked to resign from any employment? This includes any position as a director or secretary of a company. If yes, complete the following: ***YES / NO**

Date	Name and address of employer	Supervisor's name	Reason for dismissal discharge or resignation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

K. LICENCES / CERTIFICATES / MEMBERSHIP

- (i) List below all licences, certificates or approvals, obtained, gaming or otherwise, whether issued in this State or elsewhere. Include any licence or certificate which has been cancelled, suspended or had conditions attached. Explain the reason for any cancellation or suspension and the nature of any attached condition on an attachment page.

Date of Issue	Place issued	Type of Licence	Licence no. (if applicable)	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- (ii) Do you belong to any professional body, association or institute? * **YES / NO**

If yes, give details _____

- (iii) Have you ever been investigated or disciplined by a professional body, association or institute? * **YES / NO**

If yes, give details _____

L. FINANCIAL DETAILS

- (i) Have you ever become a bankrupt or availed yourself of the laws relating to bankruptcy or insolvency? ***YES / NO**

If yes, please provide details, _____

- (ii) Have you ever been involved in any company that has been in liquidation or receivership or been placed under administration. ***YES / NO**

If yes, please provide details, _____

- (iii) Has your salary, wage, earnings or other income ever been subject to garnishee order, attachment or the like? ***YES / NO**

If yes, please provide details _____

(iv) Have you ever had an article repossessed by a finance company or the like? ***YES / NO**

If yes, please provide details _____

(v) Are you up to date with your tax lodgements ***YES/NO**

If no, please provide reasons.

(vi) Are you involved in any family trust or any other form of trust? *** YES / NO**

If yes, please provide details _____

(vii) Please provide details of any company in which you have a controlling interest. A controlling interest is greater than 15% shareholding or representation on the company Board.



(viii) STATEMENT OF ASSETS

As at _____ day of _____ 20 _____

(ie. date of this Statement or whatever date that is convenient in the last 12 months)

Note: Where assets are held jointly please detail the percentage share relating to yourself only and the associated dollar value.

CURRENT ASSETS			
Cash			\$
Financial Institution	Branch	Account Number	
Cash			\$
Financial Institution	Branch	Account Number	
Cash			\$
Financial Institution	Branch	Account Number	
Cash			\$
Financial Institution	Branch	Account Number	
Cash			\$
Financial Institution	Branch	Account Number	
Cash Otherwise Held (Describe where funds are located and the amount held.)			
			\$
			\$
			\$
			\$
Debts owing to you by other persons (give details and dates due)			
			\$
			\$
			\$
Other current assets (give details)			
			\$
			\$
			\$

INVESTMENTS

Shares, Bonds, Debentures, Notes etc.

Company	Type	No. Held	Year of Acquisition	Total Acquisition Cost	Estimated Market Value
.....			\$.....	\$.....	
.....			\$.....	\$.....	
.....			\$.....	\$.....	
.....			\$.....	\$.....	

Investments, other than those listed above

Description	Total Acquisition Cost	Estimated Market Value
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....

FIXED ASSETS

Real Estate (Own residence and other properties)

Location and Description	Year of Acquisition	Total Acquisition Cost	Estimated Market Value
.....		\$.....	\$.....
.....		\$.....	\$.....
.....		\$.....	\$.....

OTHER ASSETS

Motor vehicles, caravan, boat, furniture, jewellery, antiques, collections etc.

Description	Total Acquisition Cost	Estimated Market Value
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....

TOTAL ASSETS..... \$

(ix) STATEMENT OF LIABILITIES

As at _____ Day of _____ 20____
 (ie. date of this Statement must be as at the date for the Statement of Assets)

Note 1. Describe fully. Indicate secured and unsecured liabilities.

Note 2. Where liabilities are held jointly please detail the percentage share relating to yourself only and the associated dollar value.

MORTGAGES, LOANS AND OTHER LONG TERM LIABILITIES			
	Amount of Loan	Amount Outstanding	
Loan Etc:	\$	\$	
Borrowers Name Financial Institution Branch			
Due Date: / /	Monthly Repayment	\$	
Loan Etc:	\$	\$	
Borrowers Name Financial Institution Branch			
Due Date: / /	Monthly Repayment	\$	
Loan Etc:	\$	\$	
Borrowers Name Financial Institution Branch			
Due Date: / /	Monthly Repayment	\$	
Credit Cards and Other Liabilities (Indicate name and address of Lender or Creditor) and repayment details.			
Name & Address of Lender	Monthly Payment	Amount	Amount Outstanding
.....	\$	\$	\$
.....	\$	\$	\$
.....	\$	\$	\$
.....	\$	\$	\$



OTHER CURRENT LIABILITIES (Indicate details of Creditor)	
.....	\$
.....	\$
.....	\$
.....	\$
<hr/>	
TOTAL LIABILITIES	\$
CONTINGENT LIABILITIES	
(ie. Liabilities of an indefinite nature or unspecified amount for which you may become liable in the future.) Please provide details.	
.....	
.....	

NET WORTH (Total Assets less Total Liabilities) \$ _____

(x) SOURCE OF FUNDS

Indicate hereunder the sources over the past five (5) years of all income and other benefits received for your use or disposal (whether received in money or in kind) whether as a result of your employment or association with any corporation, partnership, trust, joint venture or business or otherwise. List the amount and source of each item received by yourself (and your spouse / defacto, if received jointly) and list each year separately.

Year ended: _____

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Year ended: _____

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____



Year ended: _____

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Year ended: _____

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____



Year ended: _____

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

M. INFLUENCES, CONFLICT OF INTEREST AND DISQUALIFIED PERSONS

The State Law Office Vanuatu Office must be advised of any matter which could be seen as having an undue influence on the outcome of a probity investigation or an application for a licence. Disclosures must also be made of persons with a potential conflict of interest or who may be classified as disqualified persons.

- (i) Are you a spouse or child of:-
 - (a) a Member of the Vanuatu Parliament, or
 - (b) a staff member of a Member of the Vanuatu Parliament), or
 - (c) a staff member of the Vanuatu Public Service, or
 - (d) a Vanuatu government representative * **YES / NO**

If yes, please supply details.

- (ii) Have you or any of your associates or employees been involved in any lobbying, meetings, discussions or negotiations with any government official in regard to this probity investigation or, if applicable, this or any other application for a gaming licence? ***YES / NO**

If yes, please provide details of the official's name, name of persons acting on behalf of the company, and the date and nature of any lobbying, meetings, discussion or negotiations held.

CHECKLIST

Before submitting this Form please complete the following checklist. If you are unable to complete the checklist you are advised that delays in processing the application or conducting the probity investigation may be experienced. You should advise when the outstanding matters are to be submitted.

I hereby certify I have:-

- Read the Instructions for Completion
- Signed each page of the Form
- Answered all questions in writing
- Answered all questions completely
- Completed and signed the Certificate of Acknowledgment and Undertaking (page 4) and Authority for Release of Information (page 5)

Attached the following:-

- Proof of identity
- Copy of passports
- Police Report or Clearance
- Summary of work and business history
- Three references

(Signature)

(Name)