



Gaming Policy and Enforcement Branch

INFORMATION AND INSTRUCTIONS FOR APPLICANTS COMPLETING THE PERSONAL DISCLOSURE FORM 2

WHO MUST COMPLETE THIS FORM?

This Personal Disclosure Form must be completed by:

1	Senior Officials of gaming services provider companies ⁽¹⁾	3	Voting or non-voting shareholders or 5% or greater investors of gaming services provider companies
2	Senior Employees of gaming services provider as deemed	4	Partners or associates of a gaming services provider

- (1) Senior officials are comprised of each of the 5 highest paid officers and each individual who, whether or not among the 5 highest paid officers is the chair or vice chair of the board of directors, president, vice president, secretary, treasurer or general manager; or any individual who performs similar functions.

NOTE: GPEB reserves the right to require any additional disclosure from an applicant or the associate of an applicant that it considers necessary to conduct a thorough background investigation in keeping with GPEB's mandate to ensure the integrity of gaming and horse racing.

WHAT ARE THE COSTS?

The application fee for the Personal Disclosure Form 2 is \$250.00

Remit fees (money order or certified cheque) payable to: **MINISTER OF FINANCE** in **Canadian Funds**. Do **NOT** remit cash.

Additional funds may be required to cover the costs of any background investigation conducted outside of British Columbia. Any other costs incurred in connection with the disclosure shall be the applicant's responsibility.

WHERE CAN I GET MORE INFORMATION?

The attached **LINK** will access the *Gaming Control Act*, the *Gaming Control Regulation* and related information: www.pssg.gov.bc.ca/gaming

WHAT IF I HAVE FURTHER QUESTIONS?

If you have additional questions about the disclosure documents or the registration process, contact the Registration Division at (250) 356-0663.

RESPONSES

Print or type your responses. Answer all questions fully and truthfully. If a question does not apply to you, so state with *Not Applicable* or *N/A*. If more space is required or if the requested information exists in another format, cross reference the attachment to the relevant question. For example, print *Attachment 4* on the attachment and state *See Attachment 4* beside Question 4.

Read each question carefully. Submitting the application gives the GPEB authority to investigate your answers. If you do not fully disclose, if you leave out any important information or if your answers are not correct, your application may be refused. If it is determined after you have been registered that your answers on this application were false, incomplete or misleading, or if you fail to notify GPEB of any material change to this information which occurs after the application has been filed, your registration may be cancelled by GPEB. If necessary an applicant will be required to provide fingerprints to verify whether or not they have a criminal record.

You are seeking the granting of a privilege and the burden of proving suitability for a favourable determination is at all times on you. You must accept any risk of adverse publicity, embarrassment, criticism or other action, or financial loss, which may result from action with respect to an application, and expressly waive any claim for damages as a result thereof.

After completing the forms, ensure you have signed all required forms and have included the application fee. Retain a copy of your application, the Conditions of Registration and all submitted documents for your records.

WHERE DO I SEND THE COMPLETED FORMS AND FEES?

BY COURIER:

Gaming Policy and Enforcement Branch
Registration Division
910 Government St, 3rd Floor
Victoria BC V8W 1X3 Canada

Telephone: (250) 356-0663

BY MAIL:

Gaming Policy and Enforcement Branch
Registration Division
PO Box 9202, Stn Prov Govt
Victoria BC V8W 9J1 Canada

WHAT HAPPENS ONCE I SUBMIT MY APPLICATION?

All information and documents provided as part of the disclosure become the property of GPEB and will not be returned.

An application may not be withdrawn without the written permission of GPEB. Application fees are not refundable.

Expect a GPEB investigator to contact you. You may be required to provide other information in addition to what is requested in this application package.

Successful applicants will receive a letter of registration from the Director of Registration. Registration decisions by GPEB are final.

CHANGE OF INFORMATION

If any of the information supplied changes after you have submitted this disclosure form, you must immediately submit the changes in writing.

HOW WILL THE INFORMATION IN THE APPLICATION BE USED?

Except as provided in the *Consent to Release of Personal Information* form, all information provided in this application, including attachments and supporting documents, shall be kept confidential in accordance with the *Freedom of Information and Protection and Privacy Act (BC)*.

You may direct questions about the collection and use of this information to the Director of Registration, GPEB.

CONFIDENTIAL

FOR OFFICE USE ONLY	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
Amount Received \$ _____ .00	File # _____
Currency <input type="checkbox"/> CAD <input type="checkbox"/> USD	Party ID # _____
<input type="checkbox"/> Other: _____	Service # _____
Date (YYMMDD) _____	Registration Class _____
Receipt # _____	Registration Code _____

PERSONAL DISCLOSURE FORM 2



GAMING POLICY AND ENFORCEMENT BRANCH REGISTRATION DIVISION

Date Application Completed: (yyyy-mm-dd)		Have you previously been registered to participate in the gaming or horse racing sectors in BC? <input type="checkbox"/> No <input type="checkbox"/> Yes, Registration Expiry date: _____
Surname	First Name	Middle Name
Employer or Company Representing	Company Position	Business Telephone
		Email Address

1	PERSONAL INFORMATION		
			Gender: <input type="checkbox"/> M <input type="checkbox"/> F
LAST NAME	First Name	Middle Name(s)	Date Of Birth (YYYY-MM-DD)
Alias, Nicknames, Maiden Name, Other Name Changes (Legal or Otherwise)		E-Mail Address	
PLACE OF BIRTH			
City	Province/State	Country	Citizenship
Do you hold dual citizenship?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, in the following country/countries:			
HOME ADDRESS			Since date (YYYY-MM-DD)
Apt/Suite/Unit Number/Street or RR# and Lot, Concession, Township			
			Telephone Number
City	Province/State	Postal/Zip Code	Fax Number or Cell
Country			
BUSINESS ADDRESS			
Apt/Suite/Unit Number& Street		Business Telephone	
City	Province/State	Postal/Zip Code	Country
		Business Fax	
		Email Address or Web Site	
IDENTIFICATION			
SIN/SSN or National ID#	Driver's Licence #	Prov/State	Passport Number(s)
MARITAL STATUS			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
If divorced/separated provide dates, particulars of previous spouse(s) including full names, birthdates , addresses			
Full Name of spouse, Date of Birth: (yyyy-mm-dd)		Spouse's surname at birth	
Spouse's Occupation		Spouse's Employer	

You are involved in gaming as a: (check **ALL** boxes that apply)

- Senior Official of a gaming services provider
- Senior Employee of a gaming services provider
- Voting Shareholder with an investment of 5% or more in a gaming services provider
- Non-Voting Shareholder or Investor with an investment of 5% or more in a gaming services provider
- Other, as deemed. Specify: _____

Photograph. Attach one unmounted colour photograph of passport type, approximately 1½" X 1½" and taken within three (3) months prior to the filing of this application. Sign the back of the photograph. The photograph is required for identification purposes only.

Attach Photo Here

Do Not Glue

3	RESIDENCE INFORMATION	
<p>For the past ten (10) years, excluding your current address, provide the following information for each address at which you resided. If you require more space, include as <i>Attachment 3</i>.</p>		
	Apt/Suite, Street Number, Street Name, Province/State, Postal/Zip Code	Dates (YYYY-MM-DD)
		From
1		
2		
3		
4		
5		
6		
7		

4	FAMILY INFORMATION - Children and Dependants	
<p>List all children, including stepchildren, dependent children and adopted children and give the following information. If you require more space, include as <i>Attachment 4</i>.</p>		
Name	Birth Date (YYYY-MM-DD)	Address
1		
2		
3		
4		
5		
6		

5 FAMILY INFORMATION - Parents			
List names, residence addresses, dates of birth and most recent occupations of parents, parents-in-law, or legal guardian(s). Indicate if retired or deceased, list last address and occupation. If you require more space, include as <i>Attachment 5</i> .			
Full Name (Maiden)	Birth Date (YYYY-MM-DD)	Address	Occupation
1 Father			
2 Mother			
3 Father-in-Law			
4 Mother-in-Law			

6 FAMILY INFORMATION - Siblings			
List names, residence addresses, dates of birth, and most recent occupations of brothers and sisters. If you require more space, include as <i>Attachment 6</i> .			
Full Name	Birth Date (YYYY-MM-DD)	Address	Occupation
1			
2			
3			
4			
5			
6			
7			

7

EMPLOYMENT INFORMATION

Commencing with your current employer, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since the age of 18 or for the past 20 years, whichever is shortest. If you require more space, include as *Attachment 7*.

1.	From	Current Employer	Business Phone	
				Is the company working in the Gaming Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Mailing Address		
	Position Held	Description of Duties	Name of Supervisor	Reason for Leaving
2.	From	Employer Name	Business Phone	
				Is the company working in the Gaming Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Mailing Address		
	Position Held	Description of Duties	Name of Supervisor	Reason for Leaving
3.	From	Employer Name	Business Phone	
				Is the company working in the Gaming Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Mailing Address		
	Position Held	Description of Duties	Name of Supervisor	Reason for Leaving
4.	From	Employer Name	Business Phone	
				Is the company working in the Gaming Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Mailing Address		
	Position Held	Description of Duties	Name of Supervisor	Reason for Leaving
5.	From	Employer Name	Business Phone	
				Is the company working in the Gaming Industry? <input type="checkbox"/> Yes <input type="checkbox"/> No
	To	Mailing Address		
	Position Held	Description of Duties	Name of Supervisor	Reason for Leaving

8

EMPLOYMENT DISCHARGE/SUSPENSION/RESIGNATION/DISCIPLINARY ACTION

a. Have you ever been discharged, suspended or asked to resign from employment?

No

Yes. ▶ If YES, you MUST include the following information for EACH occasion on which you were discharged, suspended or asked to resign as *Attachment 8a*.

- i. Employer's name
- ii. Date of Discharge or Resignation
- iii. Reason for discharge or resignation

b. During the last ten (10) year period, were you ever (in relation to any employment) the subject of any disciplinary action?

No

Yes. ▶ If YES, you MUST include the following information for EACH occasion in which you were discharged, suspended or asked to resign as *Attachment 8b*.

- i. Name and address of employer
- ii. Name Supervisor/person who initiated the action
- iii. Date of disciplinary action
- iv. Circumstances of disciplinary action
- v. Outcome

9

CORPORATE ASSOCIATIONS

List all corporations, partnerships, sole proprietorships or any other business ventures with which you have been **associated or involve** as an officer, director, shareholder, or related capacity. Indicate if any licenced gambling took place on the premises during your term of employment. If you require more space, include as *Attachment 9*.

Name and Address of Association (Street, City, Province/State, Postal/Zip Code, Telephone Number)	Position Held	Dates (YYYY-MM-DD)		Reference Person	Gaming? Yes or No
		From	To		
1					
2					
3					
4					
5					

10	POSITIONS OF TRUST
<p>Have you ever resigned, been removed or discharged from a position of trust including as a trustee, board member, officer or director or in any other position?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. ▶ If YES, you MUST include the following information as <i>Attachment 10</i>.</p> <ul style="list-style-type: none"> i. Name and address of entity ii. Position Held: iii. Dates of resignation, removal, discharge iv. Reasons 	

11	POST SECONDARY EDUCATION AND PROFESSIONAL DESIGNATIONS			
If you require more space, include as <i>Attachment 11</i> .				
	Name of Institution	Location (City/State)	Dates Attended	Degree Attained
College or University	1.			
	2.			
Other	1.			
	2.			
Professional Designations	1.			
	2.			
	3.			

CRIMINAL AND LITIGATION INFORMATION

You may be found ineligible for registration if:

- a. you have been convicted or are the subject of pending charges in any jurisdiction, of a criminal, regulatory or other statutory offence;
- b. a civil claim has been successfully brought or there is a civil claim pending against you; or
- c. your behaviour is considered, on reasonable grounds, to be a detriment to the integrity or lawful conduct or management of gaming.

GPEB will determine whether any conviction renders you ineligible for registration by reference to the following factors:

- a. Does the behavior for which the charges were laid, if repeated, pose any threat to the integrity of the conduct of gaming regulated by the Province and its agents?
- b. What were the circumstances of the charge, particulars of the offence involved and sentence imposed?
- c. How much time has elapsed between the charge and the application?
- d. Have you shown any tendencies to repeat the kind of behavior from which the charges arose and shown a firm intention to rehabilitate?

Full disclosure of all criminal and civil proceedings is required, including those convictions for which you have received a pardon under the provisions of the *Criminal Records Act*, or similar legislation.

Background checks will include but are not limited to credit history, criminal record and local indices checks. The Canadian Police Information Centre (CPIC) database records will be queried for the disposition of all charges for which a person has been fingerprinted (Criminal Record) and all outstanding charges currently before the courts. Local checks will be conducted through the RCMP PIRS database and any other City, Municipal, Provincial, Federal, State, County, Sheriffs, FBI or other police databases in Canada, the USA and elsewhere in the world that GPEB deems appropriate. These databases record all complaints the respective police departments investigate and include information related to non convictions and charges regardless of disposition. Therefore full disclosure of all criminal and civil proceedings is required and each case will be decided on its own merits. If necessary, you will be required to provide fingerprints to verify whether or not you have a criminal record.

- a. Have you, or any business entity with which you are or were associated, ever been investigated, charged, found guilty or convicted of an offence in any jurisdiction? Include charges where an absolute or conditional discharge or a pardon has been granted.

Note: This includes offences under any level of government which could include administrative offenses at the provincial/state level or the federal level as well as criminal offences and sanctions (excluding minor traffic offences).

No

Yes. ▶ If YES, you MUST include the following information for EACH conviction or finding of guilt as *Attachment 12a*.

- i. Name and address of entity (if applicable)
- ii. Description of conviction or finding of guilt
- iii. Date of conviction or finding of guilt
- iv. Description of sentence
- v. Name and address of Court
- vi. Court file number (if known)

Note: If a pardon has been granted provide only the date and jurisdiction of authority issuing pardon.

- b. Do you or any business entity with which you are or were associated, have any charges of any kind outstanding in any jurisdiction?

Note: Include offences under any jurisdiction, any charges under any legislation, including criminal offences, federal offences and provincial/state offences (excluding minor traffic offences).

No

Yes. ▶ If YES, you MUST include the following information for EACH charge as *Attachment 12b*.

- i. Name and address of entity (if applicable)
- ii. Description of charge
- iii. Date of charge
- iv. Name and address of court
- v. Court file number (if known)
- vi. Next court date

- c. Have you or any business entity with which you are or were associated in the past ten (10) years been the subject of any investigations in any jurisdiction?

No

Yes. ▶ If YES, you MUST include the following information for EACH investigation as *Attachment 12c*.

- i. Name and address of entity (if applicable)
- ii. Subject of investigation
- iii. Name and address of organization conducting the investigation

- a. Have you or any business entity with which you are or were associated, ever had a claim made successfully against you in the last ten (10) years in any jurisdiction? Include orders, judgments, administrative sanctions taken, disciplinary hearings, fines and penalties imposed, if any.

No

Yes. ▶ If YES, you MUST include the following information for EACH proceeding as *Attachment 13a*.

- i. Description of Claim
- ii. Name of other parties to the proceeding
- iii. Outcome of proceeding
- iv. Date of proceeding
- v. Name and address of Court
- vi. Court file number

- b. Have you or any business entity with which you are or were associated, any outstanding claims filed against you and pending dispositions or in the process of being filed in any jurisdiction?

No

Yes. ▶ If YES, you MUST include the following information for EACH proceeding as *Attachment 13b*.

- i. Description of claim
- ii. Name of other parties to the proceeding
- iii. Date of Proceeding
- iv. Name and address of Court
- v. Court file number

- a. Have you or any business entity with which you are or were associated ever: filed for bankruptcy protection or receivership; been petitioned into bankruptcy or receivership; or made a proposal under any bankruptcy, insolvency or similar law, or had any similar action taken against you, in any jurisdiction?

No

Yes. ▶ If YES, you MUST include the following for EACH proceeding as *Attachment 14a*.

- i. Name and address of entity (if applicable)
- ii. Name and address of filing party
- iii. Date petition filed
- iv. Name and address of Court
- v. Name and address of trustee
- vi. Disposition or outcome

Note: You MUST also enclose a copy of any discharge.

- b. Have you, or any business entity with which you are or were associated ever been denied or refused bankruptcy protection or reorganization under any bankruptcy or insolvency law in any jurisdiction?

No

Yes. ▶ If YES, you MUST include the following for EACH proceeding as *Attachment 14b*.

- i. Name and address of entity (if applicable)
- ii. Name and address of filing party
- iii. Date petition filed
- iv. Name and address of Court
- v. Name and address of Trustee
- vi. Disposition or outcome

Have you or any business entity with which you are or were associated:

a. ever applied for any permit, licence, certificate, or registration in connection with gaming in any jurisdiction?

No

Yes. ▶ If YES, you MUST include the following information as *Attachment 15a*.

- i. Name and address of entity
- ii. Name and address of licensing or regulatory body
- iii. Type of permit, Licence, certificate, registration
- iv. Date of application
- v. Disposition of application (e.g.: approved, abandoned or withdrawn)

b. ever had a permit, licence, certificate or registration **in connection with gaming** refused, denied, suspended or cancelled in any jurisdiction, including any administrative sanctions taken, disciplinary hearings, fines and penalties imposed?

No

Yes. ▶ If YES, you MUST include the following information as *Attachment 15b*.

- i. Name and address of entity
- ii. Name and address of licensing or regulatory body
- iii. Type of permit, Licence, certificate, registration
- iv. Action taken (e.g., refused, denied, suspended, cancelled, or disciplinary action taken)
- v. Date action taken
- vi. Reasons

c. ever had a permit, licence, certificate or registration refused, denied, suspended or cancelled by a regulatory body or authority exercising jurisdiction over specific business activities or profession, including any administrative sanctions taken, disciplinary hearings, fines and penalties imposed? **Note:** This includes for example, any act under Federal, Provincial and State jurisdictions. (e.g. Driver's Licence suspension).

No

Yes. ▶ If YES, you MUST provide the following details as *Attachment 15c*.

- i. Name and address of association, profession or other regulatory body
- ii. Type of permit, licence, certificate, registration
- iii. Action taken (e.g., refused, denied, suspended, cancelled, or disciplinary action taken)
- iv. Date action taken
- v. Reasons

d. ever had a permit, licence, certificate or registration other than those listed in the above questions refused, denied, suspended, cancelled, abandoned or withdrawn in any jurisdiction? **Note:** This includes municipal/provincial/state and federal business licences.

No

Yes. ▶ If YES, you MUST provide the following details as *Attachment 15d*.

- i. Name and address of licencing or other regulatory body
- ii. Type of permit, licence, certificate, registration
- iii. Action taken (e.g., refused, denied, suspended, cancelled, or disciplinary action taken)
- iv. Date action taken
- v. Reasons

e. had any contracts or business interests (not including the applicant company) in any jurisdiction to supply gaming goods or services including, but not limited to, lottery goods and services?

No

Yes. ▶ If YES, you MUST include the following information as *Attachment 15e*.

- i. Name and address of entity
- ii. Contract or business interests
- iii. Start and end date of Contract
- iv. Relationship, association or employment with entity
- v. Value of Contract
- vi. Copy of the Contract

f. ever been employed by or associated with any business or person connected in any way with an illegal or unlicensed gambling or gaming enterprise?

No

Yes. ▶ If YES, you MUST include the following information as *Attachment 15f*.

- i. Name and address of employer or associate
- ii. Date of association
- iii. Circumstances relating to the association

g. ever engaged in any type of illegal or unlicensed gambling or gaming enterprise?

No

Yes. ▶ If YES, you MUST include the following information as *Attachment 15g*.

- i. What type of gaming activity
- ii. Date and location of gaming
- iii. Explain the circumstances

h. had any relatives associated with or employed in the gambling or gaming industry?

No

Yes. ▶ If YES, you MUST include the following information as *Attachment 15h*.

- i. Name and address of relative
- ii. Relationship to relative
- iii. Relative's role in the industry

- a. Describe your involvement in the applicant company. If you require more space, include as *Attachment 16a*.

- b. Have you or will you provide funds, assign assets or invest in the applicant company?

- No
 Yes. ▶ If YES, state the amount and type of transaction.

Amount: \$ _____

Type of Transaction: _____

- c. Investment in the applicant company has or will be derived from the following sources.

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

- d. The investment has or will be made in the following manner:

as a shareholder loan \$ _____

purchase of shares \$ _____

other (specify kind) \$ _____

- e. In the last ten (10) years have you or any other member of your family received a loan of any kind from the applicant company?

- No
 Yes. ▶ If YES, provide the amount, reason for the loan and whether or not it has been repaid as *Attachment 16e*.

f. State the number, class and percentage of share participation and include share options not yet vested.

Number	(i) Class	Percentage
	(ii) Voting/Preferred/Non-Preferred	

g. Has or will your interest in the applicant company be assigned or pledged, or has any agreement been reached whereby your interest is to be assigned, pledged or sold, either in whole or in part?

No

Yes. ▶ If YES, provide details

h. Are your shares in the applicant company subject to restrictions under any agreement?

No

Yes. ▶ If YES, provide a copy of the agreement as *Attachment 16h*.

- a. State the year and location for which you last filed an Income Tax submission.

For the year , filed in _____, _____
City, Province or State Country

- b. Who prepares your tax submissions and how are they filed?

Firm: _____ Address: _____

Method of Filing: _____

- c. Attach copies of your completed income tax submissions for the last five (5) years for each jurisdiction in which you have filed and mark as *Attachment 17c*.
- d. Attach copies of your Notice of Assessment (receipt) from Income Tax Authority for the last five (5) years, or the equivalent document from the relevant jurisdiction. Mark as *Attachment 17d*.
- e. Have you, your spouse or any business entity with which you are or were associated, ever:

- i failed to disclose or report income?

No

Yes. ▶ If YES, provide the circumstances regarding the nature of the income and the amount. Mark as *Attachment 17.e.i*

- ii made false claims or tax submissions?

No

Yes. ▶ If YES, provide circumstances regarding the nature of the false claim and the amount. Mark as *Attachment 17.e.ii*.

- iii been audited or investigated by a tax authority?

No

Yes. ▶ If YES, provide circumstances regarding the audit or investigation including date, outcome and the amount. Mark as *Attachment 17.e.iii*.

- iv been subject to any tax fines or penalties?

No

Yes. ▶ If YES, provide circumstances regarding the fine or penalties and if the debt has been paid. Mark as *Attachment 17.e.iv*.

- v. been denied an extension for filing a tax submission?

No

Yes. ▶ If YES, provide circumstances regarding the denial. Mark as *Attachment 17.e.v*.

Have you, your spouse or any business entity with which you are or were associated:

a. been subject to garnishment, assignment or other similar orders in any jurisdiction?

No

Yes. ▶ If YES, you MUST include the following for EACH proceeding as *Attachment 18a*.

- i. Nature and amount of obligation
- ii. Name and address of the holder of the obligation
- iii. Name and address of Court
- iv. Court file number
- v. Current status

b. at any time not obeyed any Order of any Court requiring you to do, or abstain from doing, any act?

No

Yes. ▶ If YES, you MUST include the following for EACH proceeding as *Attachment 18b*.

- i. Date and nature of the Court Order
- ii. Name and address of Court
- iii. Reason for not obeying order
- iv. Court file number
- v. Current status

c. ever had a credit card revoked?

No

Yes. ▶ If YES, you MUST include the following for EACH credit card as *Attachment 18c*.

- i. Name of credit card company
- ii. Date credit card revoked
- iii. Reason why it was revoked
- iv. Outstanding balance and current status

d. had any assets seized for non-payment or any other action taken to collect an account that was owed?

No

Yes. ▶ If YES, you MUST include the following for EACH collection as *Attachment 18d*.

- i. Name and address of entity who initiated action
- ii. Date of action
- iii. Description of asset seized
- iv. Current status of action

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ASSETS/LIABILITIES

- a. Have you, your spouse or any business entity with which you are or have been associated (other than the applicant company):
- i held assets or liabilities outside of your country of permanent residence?
 - No
 - Yes. ▶ If YES, identify the assets and/or liabilities and their value as *Attachment 19.a.i.*
 - ii been the signatory (as trustee, beneficiary or settler) on any trust or other estate planning instrument?
 - No
 - Yes. ▶ If YES, describe your role and the nature of the instrument as *Attachment 19.a.ii.*
 - iii engaged in the hiding or non-reporting of assets or liabilities?
 - No
 - Yes. ▶ If YES, provide details as *Attachment 19.a.iii.*
- b. List below all contingent liabilities for which you and/or your spouse are obligated. Indicate those loans for which you are a guarantor or describe any civil action pending which may result in a judgment against you.

Name & Address of Creditor	Date Incurred (YY/MM)	Amount	Unpaid Balance	Maturity Date (YY/MM)	Person Liable and Relationship

20

INCOME

List all sources of income and their respective amounts. (include all businesses, rental property, employment remuneration, bonuses, stock options, company vehicles, interest income and dividends). If you require more space, include as *Attachment 20.*

Source 1 _____ \$ _____

Source 2 _____ \$ _____

Source 3 _____ \$ _____

Source 4 _____ \$ _____

Total current annual gross income \$ _____

All information provided in this section is as of (YYYY-MM-DD) _____ and is reported in the following currency:
(✓ check one):

___ Canadian (CAD) ___ US (USD) ___ Other. (specify): _____

Complete the following **Statement of Assets**. Each entry must be described fully on the appropriate Schedule.

TABLE 1. Statement of Assets	Schedule	Current Market Value
Cash on hand (if in excess of \$10,000)		\$
Deposits Financial Institutions	A	\$
Accounts & Notes Receivable	B	\$
Stocks and Bonds	C	\$
Business Investments	D	\$
Real Estate	E	\$
Personal Vehicles	F	\$
Other Assets	G	\$
TOTAL ASSETS		\$

Complete the following **Statement of Liabilities**. Each entry must be described fully on the appropriate Schedule.

TABLE 2. Statement of Liabilities	Schedule	Amount
Current Liabilities (debts due and payable within one year)		\$
Accounts payable (credit cards etc)		\$
Taxes Payable		\$
Long Term liabilities (debts due and payable in more than one year)	H	\$
Mortgages payable	I	\$
Other long term liabilities	J	\$
TOTAL LIABILITIES		\$

Complete the following **Statement of Net Worth**.

TABLE 3. Statement of Net Worth	Table	Amount
Total Assets (from Statement of Assets)	1	\$
Less: Total Liabilities (from Statement of Liabilities)	2	\$
NET WORTH		\$

CRIMINAL RECORD CONSENT FORM*(Send the completed form directly to this office for processing)***FULL NAME OF APPLICANT** Male Female

Surname

All Given Names

Maiden Names

Other Names Used – Present /Past

Date of Birth (yyyy-mm-dd)

Place of Birth

Racial Origin

Height

Weight

Hair Color

Eye Color

Driver's Licence Number

Province/State

SIN/SSN or National ID number

HOME ADDRESS

Apt/Suite/Unit Number, Street or RR# and Lot, Concession, Township

Home Telephone

City

Province/State

Postal/Zip Code

Work Telephone

Note: Applicants residing outside of Canada and the United States must provide a Police Certificate from their country of residence confirming a criminal record does not exist. If a criminal record does exist a copy must be provided.

I, _____ (print name in full), hereby authorize:

1. the Gaming Policy and Enforcement Branch(GPEB) to investigate my suitability for registration pursuant to Part 8 of the *Gaming Control Act* and Gaming Control Regulation. I understand that GPEB is required to protect the confidentiality and privacy of personal information provided in accordance with *The Freedom of Information and Protection of Privacy Act* (British Columbia).
2. any City, Municipal or Provincial Police department or public body, including GPEB, pursuant to Section 33 of the *Freedom of Information and Protection of Privacy Act* (British Columbia), and the Royal Canadian Mounted Police pursuant to Section 8(1) of the *Privacy Act of Canada*, to release any and all personal information and records, (including convictions, non convictions and charges regardless of disposition) retained by them in their files, including PIRS, CPIC, PRIME or any other local indices and databases, and necessary for GPEB to perform registration and enforcement responsibilities under the *Gaming Control Act*.
3. pursuant to Section 6 (2)(a) of the *Personal Information Protection Act* (British Columbia), any organization to disclose my personal information to GPEB in order for GPEB to conduct a background investigation in accordance with the *Gaming Control Act*.

DATE_____
SIGNATURE OF APPLICANT**For GPEB Use Only**

- CPIC CNI INTERPOL
- PIRS ED1 ED2 OTHER FED OTHER DIVISIONS
- EQUIFAX
- OTHER DATA BASES

Signature

Party ID #

Date

CONSENT TO RELEASE OF PERSONAL INFORMATION

This consent granted by: _____
[Applicant's Name]

WHEREAS:

I, THE UNDERSIGNED, have made application to the GAMING POLICY AND ENFORCEMENT BRANCH to participate in regulated gaming activities conducted in the Province of British Columbia, Canada, pursuant to registrations issued by the GAMING POLICY AND ENFORCEMENT BRANCH. The GAMING POLICY AND ENFORCEMENT BRANCH, as a requirement of my application, has requested and I have agreed to execute this consent to Release of Personal Information for the following purposes:

- A. To evaluate my personal, financial, business regulatory and criminal history for suitability to participate in the gaming industry;
- B. To share information gathered with other gaming regulatory authorities.
- C. To share information gathered with other law enforcement agencies for gaming related investigations or clearances, or other law enforcement purposes.

I have agreed that the GAMING POLICY AND ENFORCEMENT BRANCH and its authorized agents may collect and receive information relating to or concerning me from any or all of the following sources worldwide: international, national, provincial, state, county or municipal law enforcement or security agencies, police services, licensing bodies, sheriff's offices, all government ministries or regulatory agencies, banks, trust companies, brokerage houses, credit bureaus, professional or industry associations or regulators, former or current employers and or any other bodies or entities that may hold information relevant to the background investigation.

I am informed that the GAMING POLICY AND ENFORCEMENT BRANCH is required to protect the confidentiality and privacy of such information in its possession in accordance with the terms of the *Freedom of Information and Protection of Privacy Act*, (British Columbia) and to use information only for the purposes for which it was collected or for consistent purposes, and except as I have otherwise consented herein I request that the information collected relating to or concerning myself be protected by the GAMING POLICY AND ENFORCEMENT BRANCH and kept confidential and private.

I, the undersigned:

1. Authorize and direct all persons or parties to whom this consent is presented and that have in their possession or control information or documents relating to or concerning me or my affairs to provide such information to GPEB and permit the inspection, copying and removal of copies of such documents by the GAMING POLICY AND ENFORCEMENT BRANCH or its authorized agents, whether or not such information or documents are confidential or might otherwise be protected from disclosure.
2. Without limiting the generality of the authority granted herein, confirm that this authority and direction extends to and includes any and all documents, correspondence and records, including those of any financial institution, including past loan information, notes signed or co-signed by me, account records of any type, passbooks, safe deposit records, and general ledger folios or entries.
3. Affirm that the GAMING POLICY AND ENFORCEMENT BRANCH may insert on this document the name of any person or entity to whom this consent is presented, together with the name of any person they authorize to deliver this consent.
4. I grant the GAMING POLICY AND ENFORCEMENT BRANCH and its authorized agents full power and authority to exercise any and all powers, and to do all such acts and things as may be required on my behalf or in my name to cause delivery to them of the information or documents provided to be disclosed to them by this consent, and I release and agree to hold harmless any person or entity complying with this authority and direction from any liability to me whatsoever in connection with such disclosure.
5. I consent to releasing any information or copies of any documents provided in accordance with this form of consent to any law enforcement agency, or any gaming regulatory agency.

I, (applicant's name) _____ BEING DULY SWORN OR AFFIRMED, DECLARE that I am voluntarily executing this form of consent and understand the nature and purpose of this document.

SWORN OR AFFIRMED BEFORE ME at _____)
this _____ day of _____, 200_____)
_____))
_____))
_____))
Commissioner for taking Affidavits and/or Oaths or a Notary Public

Signature of Applicant

FOR GPEB USE ONLY

THIS REQUEST IS PRESENTED TO: _____
(Regulatory Agency or Law Enforcement Agency)

BY: _____
Authorized Agent of the GAMING POLICY AND ENFORCEMENT BRANCH

ON: _____
DATE

DECLARATION

I, _____, (applicant name) being duly sworn or affirmed, depose and say that I have read the above application and attached statements, documents, information, and that they are true and correct to the best of my knowledge and belief. I understand that if necessary, I will be required to provide fingerprints to verify whether or not I have a criminal record. Further, this statement is executed with the knowledge that misrepresentation or failure to disclose any information required by this application is sufficient cause for the rejection by the Gaming Policy and Enforcement Branch of any application. Further, I am aware that later discovery of an omission or misrepresentation made in the above application, attached statements, documents and information may be grounds for a determination of ineligibility or cancellation of any existing or future registration that may be granted. Further, that I am voluntarily submitting this disclosure under oath with full knowledge.

Applicant Signature: _____

Subscribed and sworn or affirmed to before me this

(SEAL)

____ day of ____ (month)____, (year)

at _____
City Province/State

A Commissioner for taking Affidavits and/or Oaths, or
a Notary Public

SCHEDULE A - Cash in Banks

List all accounts and safety deposit boxes, foreign and domestic, maintained by you, your spouse and dependents. If more space is required or this information exists in another format, include as **Schedule A**.

NOT APPLICABLE

Name and Address of Financial Institution	Names of Person(s) Appearing on Account	Account No or Deposit Box	Type of Account	Balance as of (YYMMDD)

SCHEDULE B - Accounts and Notes Receivable

List all accounts and notes receivable held by you, your spouse and dependents. If more space is required or this information exists in another format, include as **Schedule B**.

NOT APPLICABLE

Name and Address of Debtor	Date Incurred (YYMMDD)	Original Amount	Unpaid Balance	Interest Rate	Maturity Date (YYMMDD)	Collateral

SCHEDULE C - Stocks and Bonds

List the information for all stocks and bonds held or controlled by you, your spouse and dependents. You are not required to identify stocks held through mutual funds or holding companies. Whenever such interest exists through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse and dependent children have knowledge of what stocks and bonds are so held. Indicate publicly traded stocks and bonds with an asterisk (*) and attach the stock portfolio. If more space is required or this information exists in another format, include as **Schedule C**.

NOT APPLICABLE

Name and Address of Issuer	Type	Number of Shares or Units	Purchase Price	Name in Which Held	Current Market Value

SCHEDULE D - Business Investments

List all investments in which any interest (direct, indirect, vested, or contingent) is held by you, your spouse and dependents, along with the names of all individuals or entities who share an interest therein. This shall include but not be limited to joint ventures, partnerships, sole proprietorships and corporations. If more space is required or this information exists in another format, include as **Schedule D**.

NOT APPLICABLE

Entity Name	Number of Shares or Units	% of Ownership	Purchase Price	Purchase Date (YY/MM/DD)	Individuals or Entities Sharing an Interest or Ownership %	Current Market Value

SCHEDULE E - Real Estate

List details of any real property in which any interest (direct, indirect, vested, or contingent) is held by you, your spouse and dependents, along with the name of all individuals or entities who share an interest therein. Identify any real estate from which you incur rental income with an asterisk (*). If more space is required or this information exists in another format, include as **Schedule E**.

NOT APPLICABLE

Description and Address	Purchase Price/ Improvements at Cost	Purchase Date (YYMMDD)	Ownership %	Name of Other Owners	Mortgage Balance	Current Market Value

SCHEDULE F - Personal Vehicles

List all motor vehicles, boats and planes owned (or leased) by you, your spouse and dependents. If more space is required or this information exists in another format, include as **Schedule F**.

NOT APPLICABLE

Type of Asset (car, boat, plane)	Year and Make	Licence or Registration Number	Registered in the Province/ State of	Registered Owner or Leasing Company	Current Market Value

SCHEDULE G - Other Assets

List all other assets (e.g.: Personal Property, Cash Surrender Value of Life Insurance Policies, Pension Plans) held by you, your spouse and dependents. If more space is required or this information exists in another format, include as *Schedule G*.

NOT APPLICABLE

Type of Asset	Owned by	Purchase Price	Purchase Date (YYMMDD)	Current Market Value

SCHEDULE H - Notes Payable and Loans

List all notes payable for which you, your spouse and dependents are obligated. If more space is required or this information exists in another format, include as **Schedule H**.

NOT APPLICABLE

Name and Address of Creditor	Debtor	Date Incurred (YYMMDD)	Original Amount	Payment Period	Unpaid Balance	Maturity Date (YYMMDD)	Purpose and Collateral

SCHEDULE I - Mortgages Payable

List all mortgages or liens payable on real estate for which you, your spouse and dependents are obligated. If more space is required or this information exists in another format, include as **Schedule I**.

NOT APPLICABLE

Name and Address of Creditor	Debtor(s)	Date Incurred (YYMMDD)	Original Amount	Unpaid Balance	Payment Period	Description and Address of Real Estate

SCHEDULE J - Other Liabilities

List any other indebtedness for which you, your spouse and dependents are obligated. If more space is required or this information exists in another format, include as **Schedule J**.

NOT APPLICABLE

Name and Address of Creditor	Debtor(s)	Date Incurred (YYMMDD)	Original Amount	Payment Period	Unpaid Balance	Purpose