

Responsible person's form for licensed premises

based on article 40(2) of the Betting Law 37(l)/2019, as amended or replaced (the "Law")

FULL NAME OF RESPONSIBLE PERSON

CLASS A LICENSED BOOKMAKER'S NAME OR CLASS A BOOKMAKER'S LICENCE ISSUANCE'S/RENEWAL'S APPLICANT'S NAME

AUTHORIZED AGENT'S NAME OR AUTHORIZED AGENT'S LICENCE ISSUANCE'S/RENEWAL'S APPLICANT'S NAME

** Before completing the application, read the Practical Guide for Applications NBA/EN/2024/PG*

PART A**RESPONSIBLE PERSON'S DECLARATION**

Full name: _____

Identification document number (Identity card or Passport): _____

I, _____, am an employee of the Class A licensed bookmaker/ authorized agent/applicant for the issuance/renewal of a Class A bookmaker's/authorized agent's licence _____ responsibly declare that:

The information I provide in this declaration as well as in this form, is accurate and true and I acknowledge and understand that untrue statements constitute a criminal offence and/or violate the Law.

I accept and understand that any untrue statement by me enables the National Betting Authority to reject my declaration/the application of/the company _____ or to revoke or suspend or cease or modify the licence (and/or conditions of the licence) which may be granted and/or to prohibit the submission of any new application for the granting of any licence pursuant to the Law and generally to incur all legal consequences pursuant to the Law.

I undertake to provide any information or document or explanation requested by the National Betting Authority.

FULL NAME

SIGNATURE

DATE

DECLARATION OF AUTHORIZED AGENT/CLASS A BOOKMAKER'S AUTHORIZED REPRESENTATIVE

Full name: _____

Residential address: _____

Telephone number: _____

I, _____ the signatory below, holder of the identification document with number _____ authorized representative/designated and authorized by the board of directors/director of Class A bookmaker/of authorized agent/authorized agent/of the applicant for a Class A bookmaker's/authorized agent's licence issuance/renewal _____, affirm that _____ is my/company's _____ employee and has been appointed as responsible person of the premises in the address _____ in accordance with article 40(2) of the Betting Law 37(I)/2019, as amended or replaced and that, the details and information stated in the responsible person's Form for licensed premises are correct and true.

FULL NAME OF AUTHORIZED AGENT / AUTHORIZED REPRESENTATIVE OF CLASS A BOOKMAKER

SIGNATURE

DATE

SIGNATORY'S CAPACITY AND EMPLOYER'S SEAL (IN CASE OF LEGAL PERSON)

1. Declarant's details

- 1.1 Full name _____
- 1.2 Date of birth _____
- 1.3 Identification document number _____
- 1.4 Type of identification document _____
- 1.5 Issuing Authority of identification document _____
- 1.6 Issuance date of identification document _____
- 1.7 Expiration date of identification document _____
- 1.8 Alien Registration Number (ARC) (if applicable) _____
- 1.9 Residential address _____
- 1.10 Telephone number _____
- 1.11 Mobile phone _____
- 1.12 E-mail address _____

2. Employer's details

- 2.1 Full name/Brand of employer _____
- 2.2 Licence number _____
- 2.3 Premises licence number _____
- 2.4 Premises address _____
- 2.5 Municipality/Town _____
- 2.6 Postal/Zip Code _____
- 2.7 Telephone number _____

3. Employment

- 3.1 Date of initiation of employment _____
- 3.2 Social insurance number _____

4. Questionnaire to assess the ability and suitability of the responsible person

4.1 Do you have a previous betting history?

YES NO

If yes, provide more details.

4.2 Do you have interests in betting activities in Cyprus and/or abroad?

YES NO

If yes, provide more details.

4.3 Have you ever been convicted or has a criminal case been filed against you, or has a criminal investigation being carried out against you by a court for a “relevant offence” (within the meaning of the Law, as amended or replaced from time to time)?

YES NO

If yes, state the “relevant offence” and attach judgments/indictments/writ of summons or any other relevant document

4.4 Have you ever been placed on any sanctions list?

YES NO

If yes, provide more details.

4.5 Do you hold the position of “athlete” or “sports official” as defined by Law The Law on Combating Manipulation of Sports Competitions 180(I)/2017 as amended or replaced?

YES NO

If yes, provide more details.

FULL NAME

SIGNATURE

DATE

LAW PROVIDING FOR THE PROTECTION OF NATURAL PERSONS WITH REGARD TO THE PROCESSING OF PERSONAL DATA AND FOR THE FREE MOVEMENT OF SUCH DATA OF 2018 125(I)/2018, AS AMENDED OR REPLACED

Explicit consent to the processing of personal data in accordance with the Law providing for the Protection of Natural Persons with regard to the Processing of Personal Data and for the Free Movement of such Data of 2018 125(I)/2018, as amended or replaced.

I consent and authorize the National Betting Authority (“the Authority”) to keep, manage and process records containing personal data relating to me (“the Records”) for the purposes of examining this form and/or any relevant application for granting licence (“Licence”) in accordance with the Betting Law 37(I)/2019, as amended or replaced (“the Law”).

I consent to the management and processing of the Records necessary for the purposes of renewing, revoking, suspending the Licence as well as for any modification or cancellation or imposition of new conditions in relation to it.

I acknowledge and accept that the Authority will maintain and process the Records for as long as the company remains licensed and for as long as it deems reasonable after the expiration, revocation, suspension or modification of the Licence.

I acknowledge and accept that each Licence issued by the Authority, as well as any revocation or suspension of a licence and any modification, cancellation or imposition of new conditions in relation to the licence, are notified to the credit institutions and made public by the Authority, in accordance with article 22 of the Law.

I accept and understand that the Authority may at any time and at its absolute discretion, request any third party to confirm or submit information, data and/or documents it deems necessary and/or appropriate for documentation and/or supporting the information, data and/or documents submitted for the purposes of this form and if a licence is granted, the information, data and/or documents submitted during the period that the company is supervised by the Authority.

This consent by me is given with my free will and with full awareness of its content.

FULL NAME

SIGNATURE

DATE

PART B**ATTACHMENTS**

A. The responsible person's declaration, the declaration of the authorized agent/the authorized representative of the Class A bookmaker and the explicit consent to the processing of personal data in accordance with Law 125(I)/2018 on the Protection of Natural Persons with regard to the Processing of Personal Data and for the Free Movement of such Data, as modified or replaced, are an integral part of this form.

B. The form must necessarily be accompanied by the following documents:

1. Identification document
2. Alien Registration Number (ARC) (if applicable)
3. Alien residence permit (if applicable)
4. Criminal record
5. Utility bill of the place of residence
6. Evidence of registration in the Social Insurance scheme

C. In relation to the above, the following are emphasized:

- All copies submitted shall be duly certified
- All certificates, criminal records, utility bills and bank documents shall be issued within six (6) months from the date of the submission of the form
- The form will not be considered complete if all the relevant fields have not been filled in and all necessary documents submitted. If the documents above are not submitted and any additional information, which is deemed by the Authority as necessary, is not provided, the responsible person's form may be rejected