



GAMING COMMISSION OF GHANA

AML FORM

Pursuant to **section 27(1)** of the **Anti-Money Laundering Act, 2008 (Act 749)**, the Commission is mandated to ask the following questions to help structure systems for the effective implementation of the law.

Please complete the sections below: Tick Where applicable.

COMPANY'S PROFILE

1. Name of company
2. Address of Company
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3. Previous name of company (if applicable)
4. Physical business address of the company
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5. Postal address of the company
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6. Telephone number
7. Facsimile number
8. Date and Place of Incorporation of Company
9. Company Registration number
10. GPS Address

11. Is the Company wholly or partly owned by subsidiary of another Company or partnership?

If 'yes' please give details of all holdings, subsidiary and associates of the holding Company.

YES NO

Name of Company	Registration Number and Place of Incorporation	Nature of Business	Relationship to Company, e.g. holding Company, Company subsidiary, Associate etc	Percentage Holding

NOTE – A corporate 'family tree' diagram detailing the relationship of the holding company to the Company, subsidiary or associate, must accompany the declaration.

12. Is the company a parent company of a group of companies?

If 'yes' please give details of all subsidiary and associate companies of the group:

YES NO

Name of Company	Registration Number and Place of Incorporation	Nature of Business	% Shareholding of Company Subsidiary of Associate Entities

NOTE – A corporate 'family tree' diagram detailing the relationship of the company to subsidiary and associate, entities must accompany the declaration.

13. (a) Names, addresses and shareholdings of shareholders holding **5% or more** of the issued share capital of the company:

Name	Address	Shareholding	Percentage

(b) Number of other shareholders with **less than 5%** shareholding

14. Names and addresses of any lenders, mortgagees or other persons providing finance, and the terms under which they have undertaken to provide funding in respect of this application:

Name	Address	Account/Ref No	Type of Facility	Amount of Facility	Repayment Period	Repayment Terms

15. Provide details of any agreement relating to the ownership, operation of the Gaming Licence Applied for, its development or its facilitation or any right or interest therein –

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16. Has the company or any other company named in this declaration, or any Director, Manager or Officer of such company while acting as such, ever been convicted of an offence?

If 'yes' please give details i.e. Court at which convicted, date of conviction, offence and penalty.

YES..... NO

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17. Is there any reason to believe that a prosecution against the company or any other named associate or subsidiary companies, directors or officers may be pending –

YES NO

If 'yes' give details –

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18. Details of any civil action taken against the company during the past five (5) years for recovery of money owes?

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19. Details of any civil action pending against the company for recovery of money owes?

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20. Does the company have any interest, financial or otherwise, in any other company or with any person or business, or has the company ever provided any financial assistance or other support to any other company, business or other body involved with the ownership, administration or management of a gambling related business?

YES NO

If 'yes' provide full details –

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21. Name and Address of Bankers (Details of all bank accounts, including foreign accounts, held by the company at any time during the last five years).

Name of Bank(s)	Account Number(s)	Branch	Name of Relationship Manager

22. Please attach copies of **pages 1 & 2 of the personality note form of directors, key management personnel/officers of the company.**

23. Please attach copies of directors who have **ceased to hold office for the past 5 years if any. Use pages 1&2 format of the personality note form.**

24. Names and address of the company’s lawyers/legal advisors, accountants, auditors or consultants.

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25. Does the company have any interest, financial or otherwise, in any other company or with any person or business, or has the company ever provided any financial assistance or other support to any other company, business or other body, involved with the ownership, administration or management of a gambling – related business? YES NO

If ‘yes’ provided full details: -

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CERTIFICATION:

I hereby certify that the information provided herein is true.

NAME

SIGNATURE

DATE PLACE

POLICE REPORT

Directors completing this form should apply to the Director, Criminal Investigation Department (CID) for a police report. The Police report should be submitted under the seal of the Director of CID to the following address:

The Commissioner
Gaming Commission of Ghana
Plot 4. 5th Circular Road
Cantonments Accra.
GPS Address: GL -057-9259

NB: Under no circumstance should the applicant (Director) himself submit the report directly to the Gaming Commission.

(To be completed by Compliance Officer)

Name Position

Signature Date

1. PLEASE NOTE THAT FIRST TIME APPLICANTS SHOULD ATTACH THREE (3) PASSPORT SIZED PICTURES, SCHOOL CERTIFICATES, MEMBERSHIP OF PROFESSIONAL ASSOCIATION AND ALL OTHER SUPPORTING DOCUMENTS.
2. MUST PROVIDE EMPLOYMENT HISTORY AND ALSO ECONOMIC STATUS.
(See section E of Personality Notes Form).

Please attach
one recent
Passport picture

PERSONALITY NOTE FORM
Game of Chance

Please type or print your answers in block letters in the space provided below each item

SECTION A – Personal Details

1.1 Surname	1.2 First and Middle Names	1.3 Previous Names (maiden, aliases, etc.)
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1.4 Reasons for change of name (if any)

1.5 Date & Place of Birth	1.6 Hometown	1.7 Present Nationality	Previous (if any)
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1.8 Passport (If any)

Type	Number	Place & Date of Issue	Expiry Date
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1.9 Travel History (includes dates)	2.0 Hobbies	2.1 Occupation / Profession
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2.2 Parentage – provide particulars of parents (where deceased, state date of death)

Father

Full name	Date /Place of birth	Hometown	Nationality	Occupation (last)
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Residential Address (Include popular spot close to residence)	Business Address (If any)
GPS Address:	

Mother

Full name	Date /Place of birth	Hometown	Nationality	Occupation (last)
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Residential Address (Include popular spot close to residence)	Business Address (If any)
GPS Address:	

2.3 List all professional, social, political parties, charitable organization to which you belong (ed) contribute(ed) or with which your work (have worked)?

2.4 Marital Status (please tick appropriate box)

Single Married Widowed Separated Divorced

2.5 Date & Place of Marriage	2.6 Marriage Certificate No (If any)	2.7 Name & Address of one Key Witness
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2.8 Spouse (s) details (even if divorced, separated or widowed)

Full Name <u>Present</u>	Date & Place of Birth	Residential/Business Address	Occupation/Profession
<u>Former Names</u>			

2.9 Names and Date of Birth of children with previous spouse(s)

Name	Date of Birth
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3.0 Names and Date of Birth of children with present spouse(s)

Name	Date of Birth
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SECTION B – Contact Information

3.1 Current Residential Address (Include house #, street, suburb, town, district, state or region)

GPS-Address:

3.2 Provide name of any landmark nearest to residence		3.3 Home or mobile phone number
3.4 Fax number	3.5 Your e-mail address	3.6 Your Correspondence Address, If different from 3.1

3.7 Previous Residence Address (If any)

(Include house #, street, suburb, town, district, state or region & any close landmark or personality)

3.8 Home Town Address (Include house #, street, town, district, region & any close landmark or personality)

3.9 Employment Address (If any)

(Include business name, street name, town, state or region & any close popular spot)

4.0 Employer's telephone number (s)	4.1 Employer's fax number	4.2 Employer's e-mail address
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SECTION C – Educational History

Formal Education (List all educational institutions you attend or have attended)

4.3 Secondary Education (Senior Secondary School & College)

Name and address of School	Date Attended (from/to)	Qualification and Grades Achieved

4.4 Higher/Professional/Vocation Education (indicate whether full or part-time study)

Name and address of institution	Date Attended	Subject (s) Studied Or Degree Title	Qualification & Grades Achieved

Educational History (cont'd)

4.5 List all Examination taken (including remedial, if any)

Examining Authority/Board	Exam Title & Index No	Result	Place/Date

4.6 Informal Education (list all training centers or places you acquired a particular training)

Name and address of trainer	Specialised Skills or Training Acquired	Year

SECTION D – Employment History (Career)

4.7 Provide particulars of your employment since leaving school including periods of apprenticeship, self-employment, unemployment and National service

Dates (from/to include month & year)	Organisation full Name and Address (Include telephone number, if any)	Post	Brief Description of duties & reasons for leaving (if any)

Employment History (cont'd)

Dates (from/to include month & year)	Organisation full Name and Address (Include telephone number, if any)	Post	Brief Description of duties & reasons for leaving (if any)

4.8 Provide the following details if you serve (d) in any security service

Branch of Service/Unit	Rank/Position	Service Number	Date & Place of enlistment	Date & Reasons for leaving (if any)

SECTION E – Economic Status

4.9 Do you own any assets (e.g. immovable property)? Yes No

If yes, list and provide particulars (including location) on each and how obtained

4.10 Tax details (where applicable)

(Provide evidence of last tax payment (s) on the assets; state type of tax certificate number & date issued)

SECTION F – Your Company Profile

1.0 Name & Business Address of Company (include house #, street name, town & any close popular spot)

5.1 Date of Incorporation & Registration No.

5.2 No, of initial workforce

5.3 Name & Address of Bankers

5.4 Name & Address of Auditors

5.5 Name & Address of other Director (s) of the Company

5.6 Reasons for establishing the Company

SECTION G – Associates & Character Referees

5.7 Associates

Please indicate full names, business and residential addresses (include popular spot close to the residence)

Full Name	Business Address	Residential Address (Hall of Residence, If student)	Current Designation or Position

Character Referees

Provide full names, business and residential address (include telephone number, e-mail address, popular spot close to the Addresses) of two (2) character referees (not relatives or associates already indicated) preferably senior public resident in Ghana:

Full names	Business Address	Residential Address	Current Designation or Position

SECTION H – Security Clearance & Declaration

5.8 Have you had any brush with the law Yes No

If yes, please give details

5.9 Comments

(If you need to comment on or provide additional information please do so here. State the number to the question)

5.10 Declaration

I declare that the information given on this form is correct and complete to the best of my knowledge and belief; I understand that any false statement or omission may make me liable for punitive action under existing laws.

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Date

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Signature