



<p style="text-align: center;"><u>Application for a Casino Licence</u></p> <p style="text-align: center;">(Section 4 of the Casino Control Act No.6 of 1993)</p> <p><u>To Be Sent To:</u></p> <p>DIRECTOR OF CUSTOMS AND INLAND REVENUE PRIVATE MAIL BAG 9012 PORT VILA VANUATU</p> <p>Telephone: (+678) 33010 Email: CIRCorporate@vanuatu.gov.vu</p>	<p style="text-align: center;">FOR OFFICIAL USE</p> <p>Date Received: _____</p> <p>Approved/Refused by Director: _____</p> <p>Date: _____</p> <p>Amount of Licence Fee Paid: VT _____</p> <p>Receipt Number: _____</p> <p>Date: _____</p> <p>Casino Licence Number: _____</p>
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Details of Applicant:

1. Name of applicant: _____
2. Address: _____
3. Telephone: _____ Fax: _____
4. Status of Applicant: _____
(Proprietor, Manager, Secretary, Director etc...)
5. Nationality of Applicant: _____ Passport No _____
6. Date of Birth of the Applicant: _____
7. Name of Proposed Casino Licence: _____
8. Business Constitution Type: _____
(Sole Trader, Partnership, Limited Company, Estate/Trust, Club or Other etc...)
- 8.1 Partnerships must provide a copy of the Partnership Agreement
- 8.2 Companies must provide company’s register of shareholders and its annual statements
9. Business or Trading Name: _____
Is this name registered with the Registrar of Business Name? (Delete as appropriate)

- Yes
- No



Registration number: _____ Expiry Date: _____

10. DETAILS OF FINANCIAL RESOURCES TO ENSURE THE FINANCIAL VIABILITY OF THE CASINO.

(A Joint Trust Account and or Bond and or Bank Guarantee may be required)

10.1 Provide details of the source of funds

11. Details of previous experience in the management and operation of a Casino and or details of any agreement to secure the service of a person who have sufficient experience in the management and operation of the Casino.

12. Have you ever been convicted of a betting, Gaming, Casino, Customs or Tax Offence Either in Vanuatu or in an Overseas Country?

- Yes
- No

(Delete as appropriate)

If yes, please attach statement giving full particulars of offence, conviction date, location and penalty imposed.

13. Provide the full name, address, nationality and date of birth of each of the beneficial owners, controllers, directors and managers of the entity seeking a casino license?

13.1 Complete a Personal Information Form for each beneficial owner, owner, controller, director and manager.

13.2 Disclose (if any) beneficial owners are beneficial owners, owners or controllers of another regulated entity in Vanuatu or in a foreign country?



Details of Premises to be used as a Casino

14. Location: _____

(Street Name or Area)

15. Description: _____

(Name of Resort, Hotel, Club or Building)

16. Name of Owner of
Premises: _____

(If Limited Company state address of Registered Office)

17. Business licence number _____ Liquor Licence
Number _____

Do you submit monthly returns and pay Tax under the Hotel and Licenced Premises Act

18. What part(s) and or Areas or Rooms of the Premises do you wish Designated as a Casino?
(Attach full details including layout plants/drawings).

19. Details of the Precautions and exits installed or available on the Premises.

20. Details of Security monitoring system (e.g. Cameras) Installed in the Casino



21. Description and type of Games, Gaming Equipment, Slot Machines, Gaming Tables to be Operated:
(Number of Machines and or Tables plus Name, Model and Serial Number)

22. Do you own the above Gaming Machine/Tables/Equipment? Yes/No
(If No please attached full details of any leasing agreements or other arrangements re ownership).
23. Proposed commencement date of Casino Operations: _____
24. Period for which Casino Licence requested: From: _____ To _____

Declaration

25. I have read the Casino Control Act No. 6 of 1993 and undertake to abide by the provisions contained therein.

I hereby declare that to the best of my knowledge and belief the information provided on this application is true and correct.

Applicant Name

Applicants Signature

Date