

## PERSONAL MANAGEMENT LICENCE APPLICATION FORM Under Section 15A of the Gambling Regulatory Authority Act (2007)

Please tick where appropriate\*

Licence Application	
Licence Renewal	

S/N	PERSONAL DETAILS		
1.			
1.1	Title		
1.2	First Name		
1.3	Last Name		
1.4	Residential Address		
1.5	Occupational		
	Address		
Please	e note that all future o	correspondences will be sent to you to the address mentioned in part 1.5	
1.6	National ID Card		
	Number		
1.7	Passport Number		
1.8	Email Address		
1.9	Mobile Phone		
1.10	Home Phone		
1.11	Gender		
1.12	Nationality		

2.	ORGANISATION DETAILS	
2.1	Licencee Name	
2.2	Type of licence	
2.3	Validity of licence	
2.4	Place of Operation	



Please provide details of your employment (paid or unpaid) history within the last 10 years indication whether the employment was related to the gambling industry including Horse Racing.  3.1	3.	DETAILS OF EMPLOYMENT
Racing.  Imployer Name:  Job Title:  Main Responsibilities:  Gambling sector: Yes/No   Sector: Yes/No  Employer Name:  Job Title:  Main Responsibilities:	Please ]	provide details of your employment (paid or unpaid) history within the last 10 years
3.1 Employer Name:  Job Title:  Main Responsibilities:  Gambling sector: Yes/No  3.2 Employer Name:  Job Title:  Main Responsibilities:	indicat	ion whether the employment was related to the gambling industry including Horse
Job Title:  Main Responsibilities:  Gambling sector: Yes/No  3.2 Employer Name:  Job Title:  Main Responsibilities:	Racing	•
Main Responsibilities:  Gambling sector: Yes/No  Employer Name: Job Title: Main Responsibilities:	3.1	Employer Name:
Gambling sector: Yes/No  3.2 Employer Name: Job Title: Main Responsibilities:		Job Title:
3.2 Employer Name:  Job Title:  Main Responsibilities:		Main Responsibilities:
3.2 Employer Name:  Job Title:  Main Responsibilities:		
3.2 Employer Name:  Job Title:  Main Responsibilities:		
Job Title:  Main Responsibilities:		Gambling sector: Yes/No
Job Title:  Main Responsibilities:		
Main Responsibilities:	3.2	Employer Name:
		Job Title:
Gambling sector: Yes/No		Main Responsibilities:
Gambling sector: Yes/No		
Gambling sector: Yes/No		
Gambling sector: Yes/No		
		Gambling sector: Yes/No

4.	EXPERIENCE		
-	Please provide details of experience related to the application being applied for.		
4.1	Name of Organization:		
	Start Date:		
	End Date:		
	Details of Work:		
4.2	Name of Organization:		
	Start Date:		
	End Date:		
	Details of Work:		



<b>5.</b>	CONVICTIONS OR INVESTIGATIONS
5A	All current and previous convictions and investigations must be declared
	Have you personally or as a representative of a body corporate ever been convicted
	of an offence, been involved in any investigation or accepted a formal police
	reprimand, warning, caution in Mauritius or abroad including if charged with an
	offence under any enactment but awaiting trial, or under investigation? Yes/No (if
	yes please fill section 5A.1 and 5A.2)
5A.1	Date:
	Offence:
	Authority:
	Details:
5A.2	Date:
	Offence:
	Authority:
	Details:
5B	Have you ever had any civil legal action taken against you personally or as a
	representative of a body corporate? Yes/No (if yes please fill section 5B.1 and 5B.2)
5B.1	Date:
	Nature of Civil Legal Action:
	Court:
	Outcome:
	Details:
	Details.
5B.1	Date:
	Nature of Civil Legal Action:
	Court:
	Outcome:
	Details:
	Details.



5C	Are you subject to any current, pending or previous investigation by any statutory,
	regulatory or governing body (including Mauritius Revenue Authority,
	Independent Commission against Corruption, Financial Intelligence Unit,
	Financial Reporting Council, Registrar of Companies, Registrar of Association,
	<b>Conservator of Mortgages)? Yes/No</b> (if yes please fill section 5C.1 and 5C.2)
5C.1	Date:
	Subject of Investigation:
	Authority in charge of Investigation:
	Details:
5C.2	Date:
SC.2	
	Subject of Investigation:
	Authority in charge of Investigation:  Details:
	Details:
6.	FINANCIAL INFORMATION
	you ever had any liquidity problem or been declared bankrupt under the
	ruptcy Act or Insolvency Act? Yes/No (if yes please fill section 6.1 and 6.2)
6.1	Date:
	Details:
( )	D.
6.2	Date:
	Details:
I	



7.	DECLARATION OF INTEREST
	ou an office bearer including a nominee director in any local company or a pany abroad or are you a party to any joint venture or any Société having a direct or
inter	est in the activities covered by your licence? Yes/No (if yes please fill section 7.1 and
7.2 ar	nd 7.3)
7.1	Company Name:
	Date Appointed:
7.2	Company Name:
	Date Appointed:
7.3	Name of Société/Joint Venture:
	Name of Associates or Members:
	Nature of their share or interest in the Joint Venture or Société:
7.4	Source of fund (applicable for trainers and applicant for horse ownership):
8.	DOCUMENTS TO BE PRODUCED
	ide an original and a copy of the following documents to as part of the KYC process
FTOV	de an original and a copy of the following documents to as part of the KTC process
8.1	National ID Card or Valid Passport with clear photographic image
8.2	Birth Certificate
8.3	Proof of Address dating not later than 3 months
8.4	Certificate of character issued not earlier than 3 months from the date of the application
8.5	Documents to support Applicant experience
8.6	Occupational Permit or Work Permit (for non-resident)
8.7	Bank Reference from a recognized banking institution stating whether the account has been maintained satisfactorily (Bank reference must not be dated more than 6 months old)
8.8	One (1) passport sized photograph



9.	UNDERTAKING FROM	THE APPLICANT
I, (Name), hereby		
decla	are that the information given above is true and co	rrect.
	<u>-</u>	
	Authorised Signature	Date

10.	FOR OFFICE USE		
	Please tick where appropriate	YES	NO
10.1	Approved		
10.2	Additional Comments:		
10.3	Responsible Officer Name:  Responsible Officer Signature:  Date Processed:		

Please forward your completed application with the documents mentioned in Part 8 of the application form.

The Head of Horse Racing Division Horse Racing Division 5<sup>th</sup> Floor, Newton Tower, Sir William Newton Street, Port Louis, Mauritius

Telephone No: (+230) 260 2000 Email: info@hrd.intnet.mu

\*Please refer to the regulations governing the Personal Management Licence available on our website <a href="http://hrd.govmu.org/">http://hrd.govmu.org/</a>