

**THE CASINO GAMING ACT**

**The Casino Gaming Regulations, 2015**

***Jamaican Supplemental to the Multi-Jurisdictional Personal History  
Disclosure Form***

This form is a supplement to the MULTI JURISDICTIONAL PERSONAL HISTORY DISCLOSURE FORM. If you are using the Multi Jurisdictional form in Jamaica, you are required to file this supplemental form with that form.

**INSTRUCTIONS**

**I. COMPLETING THIS FORM:**

- A. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does not apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. Failure to provide a response to every question could result in the rejection of any application with which this filing is connected.
- B. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If it is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form will result in its rejection.
- C. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
- D. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.

**II. ESTABLISHING YOUR IDENTITY:**

You must establish your identity. To establish your identity, you must present certified copies of the document(s) listed below in A or B.

- A. A current and valid Jamaican Passport OR Certificate of Naturalization OR a current identification card issued by the Jamaican government containing a photograph and fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address.
- B. If the items in (A) above are not available, two of the following authentic documents will be accepted:
  - 1. A certified copy of a birth certificate issued by a government agency and having an official seal;
  - 2. A current and valid government issued driver's licence that has a photograph and/or identifying information;
  - 3. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;

4. A current and valid identification card issued by a government agency that has a photograph and/or identifying information; or
5. A current and valid foreign passport.

NOTE: If the name on any of the provided identification is different than the name on this form, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

**III. BEFORE YOU SUBMIT THIS FORM TO THE COMMISSION, BE SURE THAT:**

- A. You have established your identity in accordance with Section II above and attached copies of these documents to this form.
- B. All attachments required in this form and in the Multi Jurisdictional Personal History Disclosure Form are labeled with an exhibit number included in both the original and the photocopies filed with the Commission.
- C. The Statement of Truth form in the Multi Jurisdictional Personal History Disclosure Form and the Release Authorisation form attached to this Jamaica Supplement are notarized on the original application.
- D. Every question has been answered completely.
- E. You initial and date each page of this form in the spaces provided.
- F. You retain a completed copy of this form for your own records.

**IV. FILING THIS FORM WITH THE COMMISSION:**

- A. Submit this form and the Multi Jurisdictional Personal History Disclosure Form and all attachments as an original and three (3) photocopies. Please mail the completed form to:

Casino Gaming Commission  
Licensing Unit

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- B. If the photocopies of these forms are not clear, it **will not be accepted**.
- C. The Commission may require you to be fingerprinted in connection with this filing. If the Commission directs you to be fingerprinted, **you must be fingerprinted within thirty (30) days after you file this form with the Commission**. Copies of fingerprints submitted to the Commission must be taken and certified by appropriate law enforcement officials in your country of residence. Failure to be fingerprinted when required shall be a basis for a finding that you are not a fit and proper person.
- D. Once this form is accepted it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.

**V. IMPORTANT NOTICES**

- A. Should you be unable to fully understand this form or any other form, in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding this filing will be sent to the address which you provide on this form. You must immediately notify the Commission of any change of address.
- C. Failure to answer any question completely and truthfully may result in a determination that you are not a fit and proper person.
- D. You are required to produce sufficient information, documentation, and assurances to the Commission to establish that you are a fit and proper person.

**JAMAICA SUPPLEMENTAL FORM  
MULTI JURISDICTIONAL  
PERSONAL HISTORY DISCLOSURE FORM**

**PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE)	FIRST	MIDDLE		
MAILING ADDRESS (NUMBER AND STREET)	(APT#)	(LOCALITY)	(POSTAL CODE)	(COUNTRY)
HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS) (NUMBER AND STREET)	(APT#)	(LOCALITY)	(POSTAL CODE)	(COUNTRY)
HOME TELEPHONE NUMBER: (AREA CODE)	(NUMBER)	TELEPHONE NUMBER AT CURRENT PLACE OF EMPLOYMENT (AREA CODE)	(NUMBER)	(EXTENSION)

-----PLEASE CHECK APPROPRIATE SPACE-----

<u>HAIR COLOR:</u>	<u>EYE COLOR:</u>	<u>SEX:*</u>	<u>RACE:*</u>
<input type="checkbox"/> (BK) BLACK	<input type="checkbox"/> (BK) BLACK	<input type="checkbox"/> (M) MALE	<input type="checkbox"/> (C) CAUCASIAN
<input type="checkbox"/> (BR) BROWN	<input type="checkbox"/> (BR) BROWN	<input type="checkbox"/> (F) FEMALE	<input type="checkbox"/> (B) BLACK
<input type="checkbox"/> (BD) BLOND	<input type="checkbox"/> (HZ) HAZEL		<input type="checkbox"/> (H) HISPANIC
<input type="checkbox"/> (RD) RED	<input type="checkbox"/> (BL) BLUE		<input type="checkbox"/> (A) ASIAN
<input type="checkbox"/> (GY) GRAY	<input type="checkbox"/> (GY) GRAY		
<input type="checkbox"/> (WH) WHITE	<input type="checkbox"/> (GR) GREEN		
<input type="checkbox"/> (BA) BALD			

\*YOUR RESPONSE IS OPTIONAL

**DO NOT WRITE ON THIS PAGE**  
**THIS PAGE FOR OFFICIAL USE ONLY**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Any one of the following:**

\_\_\_\_\_ Jamaican Passport Expiration Date \_\_\_\_\_

\_\_\_\_\_ Certificate of Naturalization

\_\_\_\_\_ Jamaican Government Identification Card Expiration Date \_\_\_\_\_

Specify Status \_\_\_\_\_

**OR, any two of the following**

\_\_\_\_\_ Certified Birth Certificate

\_\_\_\_\_ Motor Vehicle Operator's Licence Expiration Date \_\_\_\_\_

Jurisdiction \_\_\_\_\_

\_\_\_\_\_ Student Identification

\_\_\_\_\_ Government Identification Card

Specify \_\_\_\_\_

\_\_\_\_\_ Foreign Passport Expiration Date \_\_\_\_\_

Country \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

1. Provide the following information about the casino operator or casino gaming licence applicant with which you are seeking to be associated and your position with it:

Name of the casino operator or casino gaming licence applicant

Title of the position you hold or will hold in the casino operator or casino gaming licence applicant

If applicable, the name of the business entity associate(s) of the casino operator or casino gaming licence applicant with which you have or will have any position(s), and a brief description of such position(s)

2. Do you have any direct or indirect ownership interest, financial interest or financial investment in any business entity that is a casino operator or applicant for a casino gaming licence?

Yes  No

If yes, complete the following chart:

NAME OF BUSINESS ENTITY	NATURE AND AMOUNT OF YOUR INTEREST/INVESTMENT	% OF OWNERSHIP IN THE BUSINESS ENTITY	LICENCE/APPLICATION STATUS

3. Have you ever had a civil or criminal record expunged or sealed by court order?

Yes  No

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

**\*\* IF YOU HAVE ANY RECORDS RELATING TO ANY ADMINISTRATIVE, CIVIL, OR CRIMINAL CHARGE, OFFENCE, ARREST OR CONVICTION, WHICH HAVE BEEN EXPUNGED OR SEALED BY COURT ORDER, ATTACH A COPY OF THE EXPUNGEMENT OR SEALING ORDER TO THIS SUPPLEMENTAL FORM LABELED AS EXHIBIT 3.**

4. State when you filed your last income tax return, the tax period it covered, and in what jurisdiction it was filed.

Date Filed: \_\_\_\_\_ Period Covered: \_\_\_\_\_

Jurisdiction(s): \_\_\_\_\_

Attach to the back of this form and label as Exhibit 5, a copy of each income tax return and all appropriate schedules filed by you in the last three years in the jurisdiction in which you principally reside.

5. Has your income tax return ever been audited or adjusted in any jurisdiction?

Yes  No

If yes, for what tax year(s)? \_\_\_\_\_

6. Have you ever failed to file an income tax return in any jurisdiction when required to do so?

Yes  No

If yes, for what tax year(s)? \_\_\_\_\_

**RELEASE AUTHORISATION**

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies - federal, state, provincial and local, without exception, both foreign and domestic:

I, \_\_\_\_\_, have  
(PRINT NAME)

authorized the Jamaica Casino Gaming Commission to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Casino Gaming Commission provided that he or she certifies to you that I am subject to the Casino Gaming Commission’s casino gaming licencing procedures under the Casino Gaming Act and the rules and regulations of the Casino Gaming Commission.

This authorisation shall supersede and countermand any prior request or authorisation to the contrary.

A photostatic copy of this authorisation will be considered as effective and valid as the original.

DATED: \_\_\_\_\_ (LEGAL SIGNATURE)  
(Signature)

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
JURISDICTION

**Finance and Planning**