

**CASINO GAMING COMMISSION (JAMAICA)**

**PERSONAL HISTORY DISCLOSURE FORM**

**I. INSTRUCTIONS FOR 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 to which this filing is related.
- 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 are labeled with an exhibit number and included in both the original and the photocopy.
- C. The Statement of Truth and Release Authorisation forms are notarized on the original application.
- D. Every question has been answered completely.
- E. You initial each page of this form in the space 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 as an original and three (3) photocopies of the form and attachments. Please mail the completed form to:

Casino Gaming Commission  
Licensing Unit:  
78 CEF Hagley Park Road  
Kingston 10  
Jamaica, West Indies

- B. If the photocopies of this form 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.

**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 -**

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; padding: 2px;">HAIR COLOR:</th> <th style="width: 15px;"></th> </tr> <tr> <td><input type="checkbox"/> (BK) B L A C K</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (BR) BROWN</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (BD) BLOND</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (RD) RED</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (GY) GRAY</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (WH) WHITE</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> (BA) BALD</td> <td><input type="checkbox"/></td> </tr> </table>	HAIR COLOR:		<input type="checkbox"/> (BK) B L A C K	<input type="checkbox"/>	<input type="checkbox"/> (BR) BROWN	<input type="checkbox"/>	<input type="checkbox"/> (BD) BLOND	<input type="checkbox"/>	<input type="checkbox"/> (RD) RED	<input type="checkbox"/>	<input type="checkbox"/> (GY) GRAY	<input type="checkbox"/>	<input type="checkbox"/> (WH) WHITE	<input type="checkbox"/>	<input type="checkbox"/> (BA) BALD	<input type="checkbox"/>	<p><b>EYE COLOR:</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> (BK) BLACK</td> <td><input type="checkbox"/> (M) MALE</td> </tr> <tr> <td><input type="checkbox"/> (BR) BROWN</td> <td><input type="checkbox"/> (F) FEMALE</td> </tr> <tr> <td><input type="checkbox"/> (HZ) HAZEL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> (BL) BLUE</td> <td></td> </tr> <tr> <td><input type="checkbox"/> (GY) GRAY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> (GR) GREEN</td> <td></td> </tr> </table>	<input type="checkbox"/> (BK) BLACK	<input type="checkbox"/> (M) MALE	<input type="checkbox"/> (BR) BROWN	<input type="checkbox"/> (F) FEMALE	<input type="checkbox"/> (HZ) HAZEL		<input type="checkbox"/> (BL) BLUE		<input type="checkbox"/> (GY) GRAY		<input type="checkbox"/> (GR) GREEN		<p><b>SEX:</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/></td> <td><b>RACE:</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> (C) CAUCASIAN</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> (B) BLACK</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> (H) HISPANIC</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> (A) ASIAN</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> OTHER _____</td> </tr> </table>	<input type="checkbox"/>	<b>RACE:</b>	<input type="checkbox"/>	<input type="checkbox"/> (C) CAUCASIAN	<input type="checkbox"/>	<input type="checkbox"/> (B) BLACK	<input type="checkbox"/>	<input type="checkbox"/> (H) HISPANIC	<input type="checkbox"/>	<input type="checkbox"/> (A) ASIAN	<input type="checkbox"/>	<input type="checkbox"/> OTHER _____
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DO YOU HAVE ANY SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS AND/OR CHARACTERISTICS? IF SO, PLEASE DESCRIBE.

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# **IMPORTANT**

**FAILURE TO ANSWER ANY QUESTION ON THIS  
FORM COMPLETELY AND TRUTHFULLY MAY  
RESULT IN DENIAL OF ANY APPLICATION CONNECTED  
WITH THIS FILING**

AFFIX A COLOR PHOTOGRAPH  
HERE THAT WAS TAKEN WITHIN  
THE PAST SIX MONTHS

PRINT YOUR NAME ON THE FRONT  
BOTTOM BORDER OF THE  
PHOTOGRAPH BEFORE  
ATTACHING IT.

**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 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. Are you a citizen of Jamaica? Yes  No
3. If you are a naturalized citizen of Jamaica, attach a copy of your Certificate of Naturalization to this form labeled as Exhibit 3.

4. If you are not a citizen of Jamaica, please indicate:

A. The country of which you are a citizen: \_\_\_\_\_

B. Place of Birth \_\_\_\_\_  
LOCALITY STATE/PROVINCE COUNTRY

**RESIDENCE DATA**

5. Beginning with your current residence(s) and working backwards, provide the following information with respect to each place where you have lived during the past fifteen years or since the age of 18, whichever is less.

DATES		ADDRESS (NO., STREET, APT., LOCALITY, COUNTRY AND POSTAL CODE)	TELEPHONE NUMBER
FROM: (MO/YR)	TO: (MO/YR)		

**FAMILY DATA**

6. Circle your current marital status:      Single      Married      Legally separated      Divorced      Widow/Widower

A. Give the name of your present spouse:

B. List all former spouses:

**MILITARY SERVICE DATA**

7. Have you ever served in a military organisation in any jurisdiction or been an active or inactive member of the reserve forces of any jurisdiction?  Yes       No

8. Have you ever been tried by military court martial or have you had charges filed against you under the military justice law of any jurisdiction?  Yes       No

If yes, give details of the charge(s) and their disposition(s).

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**EMPLOYMENT AND LICENSING DATA**

9. In the chart below, provide the information regarding your employment for the past fifteen years or since the age of 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (\*) any gaming-related employment (such as casino gaming, horse racing or dog racing, pari-mutuel operation, lottery, sports betting, etc.).

DATES		NAME AND MAILING ADDRESS OF EMPLOYER(S)	TELEPHONE NUMBER	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
FROM: (MO/YR)	TO: (MO/YR)				

10. 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

11. Have you ever applied in any other jurisdiction for a licence, permit, registration or other authorisation to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)  Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENCE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENCE, PERMIT, APPROVAL OR REGISTRATION NUMBER

12. Have you ever made application for, or held, any **NON-GAMING** professional or occupational licence, permit or certification, in Jamaica or in any other jurisdiction, including but not limited to the following: real estate broker or salesman; accountant; attorney; medical; boxing promoter, manger or matchmaker; race horse owner, trainer, manager or jockey; race dog owner; securities dealer; contractor; pilot; insurance; or any other type of professional licence. (Do not include driver's licence)?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENCE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENCE, PERMIT, APPROVAL OR REGISTRATION NUMBER

13. Have you possessed or owned any type of firearm, or made application for, or held any firearm permit, firearm dealer's licence, or permit to carry a pistol or firearm?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENCE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENCE, PERMIT, APPROVAL OR REGISTRATION NUMBER

14. Have you ever had any licence, permit or certification denied, suspended or revoked by a governmental agency in Jamaica or anywhere else? (Do not include driver's licence.)

Yes  No

If yes, complete the following chart:

TYPE OF LICENCE, PERMIT OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL SUSPENSION OR REVOCATION	REASON(S) FOR DENIAL SUSPENSION OR REVOCATION

**EDUCATION AND TRAINING  
EDUCATIONAL DATA**

15. Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or post graduate school you have attended. Please also include information on any formal professional training programs that you have attended.

DATES		NAME AND MAILING ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

**CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS**

The next question asks about any arrests, charges or offences you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow:

DEFINITIONS For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offence."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offence."
- C. "Offence" includes all felonies and other offences, including the offences listed in the Second Schedule of the Casino Gaming Act and the equivalent offences under the laws of any other jurisdiction. Juvenile offences that occurred within the most recent 10-year period are also included within the definition of "offences."

INSTRUCTIONS: A. Answer "yes" and provide all information to the best of your ability EVEN IF

- 1. You did not commit the offence charged;
- 2. The charges were dismissed or subsequently downgraded to a lesser charge;
- 3. You completed a pretrial intervention or equivalent diversionary program;
- 4. You were not convicted;
- 5. You did not serve any time in prison or jail; or
- 6. The charges or offences happened a long time ago.

B. Answer "no" IF:

- 1. You have never been arrested or charged with any crime or offence;
- 2. Any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency; AND
- 3. You attach a copy of the expungement or sealing order to this application labeled as Exhibit 17.

16. Have you ever been arrested or charged with any criminal offence or been a party to or named as an unindicted co-conspirator in any criminal proceeding in Jamaica or any other jurisdiction?

Yes  No

If yes, complete the following chart:

NATURE OF CHARGE OR OFFENCE/LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENCE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

17. Have you ever had a civil or criminal record expunged or sealed by court order?  Yes  No

**\*\* 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 17.**

18. Have you ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, parish, county, state, federal, national, etc.) other than in response to a traffic summons?  Yes  No

If yes, complete the following chart

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

19. Have you ever refused to take a polygraph exam?  Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	REASON FOR REFUSAL?	DATE OF REFUSAL

20. Have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, disorderly persons, petty disorderly person or motor vehicle violation?  Yes  No

If yes, complete the following chart:

GOVERNMENTAL AGENCY/ORGANISATION	NATURE OF CHARGE	DATE	DISPOSITION

21.

- a) In the past fifteen years, have you been a party to a lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, etc.).  Yes  No
- b) Have you ever had any financial liens or judgments filed against you? (Include tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.).  Yes  No

If yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

**VEHICLE OPERATOR DATA**

22. Do you possess a current motor vehicle operator licence?

Yes  No

If yes, list all current motor vehicle operator licences issued to you by any jurisdiction in the following chart:

DATE LAST ISSUED	LICENCE NUMBER	TYPE OF LICENCE	JURISDICTION ISSUING LICENCE	EXPIRATION DATE OF LICENCE

23. Have you ever had a motor vehicle operator licence revoked and/or suspended?

Yes  No

If yes, complete the following chart:

TYPE OF LICENCE, PERMIT OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	DATE OF SUSPENSION OR REVOCATION	REASON(S) FOR SUSPENSION OR REVOCATION

**FINANCIAL DATA**

24. Within the past fifteen years, have you held an ownership interest in any business(es)?  
 (Do **not** include publicly traded corporations in which you owned stock.)  
 Yes  No

If yes, beginning with the most recent and working backwards, provide the following information with regard to all business(es) in which you have held an ownership interest.

DATES		NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)
FROM: (MO/YR)	TO: (MO/YR)				

25. Have you personally ever been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law? If yes, attach a copy of the bankruptcy petition and discharge, if granted.  
 Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

26. In the past fifteen years has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly traded corporation) or in which you served as a director, member, partner, trustee, officer or executive been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?  
 Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

27. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution or the like during the past fifteen-year period?

Yes  No

If yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF HOLDER OF OBLIGATION

28. Have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction during the past fifteen-year period?

Yes  No

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

29. Have you filed any claims in excess of \$8,000,000 JMD or \$100,000 USD under any fire, theft, automobile or insurance policy within the past fifteen-year period?

Yes  No

If yes, complete the following chart:

DATE OF CLAIM	NATURE OF CLAIM	NAME AND ADDRESS OF INSURANCE CARRIER	DISPOSITION



30. In the past fifteen years have you received any referral or finder's fee in excess of \$800,000 JMD or \$10,000 USD?

Yes  No

If yes, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

31. During the last five-year period, have you given or received any gift or gifts, whether tangible or intangible which either individually or in the aggregate exceeded \$800,000 JMD or \$10,000 USD in value in any one-year period?

Yes  No

If yes, complete the following chart as to each gift:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

32. Have you exchanged currency in an amount of more than \$800,000 JMD or \$10,000 USD within the past fifteen years?

Yes  No

If yes, complete the following chart:

DATE AND AMOUNT OF EXCHANGE	LOCATION WHERE EXCHANGE MADE	REASON FOR EXCHANGE	DID YOU FILL OUT OR FILE ANY GOVERNMENTAL REPORTING DOCUMENT

33. a) Do you have any bank accounts or safe deposit boxes in your name?  Yes  No
- b) Do you have access to the funds in any other bank accounts or safe deposit boxes?  Yes  No

If yes to either question, complete the following chart:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT, (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NO. OR SAFE DEPOSIT BOX NO.

34. 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 34, 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.

35. Has your income tax return ever been audited or adjusted in any jurisdiction?  Yes  No

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

36. Have you ever failed to file an income tax return in any jurisdiction to do so?  Yes  No

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

## NET WORTH STATEMENT -- ASSETS AND LIABILITIES

**NOTE:** Complete the following financial statements and copy the totals in the appropriate space below.

<p>37. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.</p>	<p>38. Please list all liabilities of you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.</p>																																																																																								
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**SCHEDULE "A" - CASH IN BANK**

39. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.) foreign and domestic, maintained by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or dependent children. Identify with an asterisk (\*) any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) AND TAX IDENTIFICATION NUMBER(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE
						<b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 1b, column B.)

**SCHEDULE "B" – LOANS, NOTES AND OTHER RECEIVABLES**

40. List below all loans, notes and other receivables held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF DEBTOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN	TOTAL PAYMENTS	DATE DUE	NATURE OF SECURITY, IF ANY, INDICATE IF UNSECURED	CURRENT BALANCE
			\$					\$
			<b>TOTAL ORIGINAL LOAN AMOUNT(S)</b> (Enter this figure in item 2, column A.)					<b>TOTAL CURRENT BALANCE</b> (Enter this figure in item 2, column B.)

## SCHEDULE "C" - SECURITIES

41. Provide the information in the table below for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or dependent children in any jurisdiction. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY TRADED SECURITIES BY AN ASTERISK (\*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% of Ownership If Greater than 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
					\$				\$
					<b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 3, column A.)				<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 3, column B.)

**SCHEDULE "D" - REAL ESTATE INTERESTS**

42. Indicate below the location, size, general nature, acquisition date and other information requested regarding any real property in any jurisdiction in which any direct, indirect, vested or contingent interest is held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	ADDRESS PARCEL/LOT NUMBER	LOT SIZE/ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
						<b>TOTAL PURCHASE PRICE</b> (Enter this figure in item 4, column A.)		<b>TOTAL CURRENT MARKET VALUE</b> (Enter this figure in item 4, column B.)

**SCHEDULE "E" - CASH VALUE - LIFE INSURANCE**

43. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER POLICY NUMBER	BENEFICIARY(IES)	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE	EFFECTIVE DATE OF CASH SURRENDER VALUE
						<b>TOTAL CASH SURRENDER VALUE</b> (Enter this figure in item 5, column B.)	



**SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS**

44. Indicate below the information requested with regard to the cash value of all retirement/investment/pension funds\* held by you or your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside).

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD AND ACCOUNT NUMBER, IF ANY	EMPLOYER/ INSTITUTION	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE	EFFECTIVE DATE OF CASH VALUE
				\$			
				<b>TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION</b> (Enter this figure in item 6 column A.)			<b>TOTAL CURRENT CASH VALUE</b> (Enter this figure in item 6, column B.)

## SCHEDULE "G" - VEHICLES

45. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside), or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED *	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/ MODEL OF VEHICLE	COST **	IF OWNED, CURRENT MARKET VALUE
						\$	\$
<p>* If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments and number of payments over the life of the lease.</p> <p>** If leased, enter the sum of the down payment plus monthly payments to date as the total cost.</p>						<p><b>TOTAL COST(S) OF VEHICLES</b> (Enter this figure in item 8, column A.)</p>	<p><b>TOTAL CURRENT MARKET VALUE OF VEHICLES</b> (Enter this figure in item 8, column B.)</p>

**SCHEDULE "H" - OTHER ASSETS**

46. List below the information requested regarding all other assets, including any business investments in which any direct, indirect, vested or contingent is held by you, your spouse (if you jointly own assets under the laws of the jurisdiction in which you principally reside) or your dependent children. Business interests should include, but not be limited to, joint ventures, partnerships, sole proprietorships, corporations and limited liability companies. Other assets should include, but not be limited to, art collections, coin collections, and antiques.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
			<b>TOTAL COST(S) OF OTHER ASSETS</b> (Enter this figure in item 9, column A.)			<b>TOTAL CURRENT MARKET VALUE OF OTHER ASSETS</b> (Enter this figure in item 9, column B.)

**SCHEDULE "I" - NOTES PAYABLE**

47. List below the information requested with regard to all notes payable for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
							\$			\$
							<b>TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE</b> (Enter this figure in item 10, column C.)			<b>TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE</b> (Enter this figure in item 10, column B.)

**SCHEDULE "J" - LOANS AND OTHER PAYABLES**

48. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts and any other accounts) for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME & ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	OPENED OR INCURRED DATE	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
							\$			\$
							<b>TOTAL ORIGINAL AMOUNT OF LIABILITY</b> (Enter this figure in item 11, column C.)			<b>TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES</b> (Enter this figure in item 11, column D.)

**SCHEDULE "K" – TAXES PAYABLE**

49. List below the information requested with regard to all taxes payable for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside), or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE
			\$		\$
			<p align="center"><b>TOTAL ORIGINAL TAX OBLIGATION(S)</b> (Enter this figure in item 12, column C.)</p>	<p align="center"><b>TOTAL AMOUNT OF TAXES PAYABLE</b> (Enter this figure in item 12, column D.)</p>	

**SCHEDULE "L" - MORTGAGES OR LIENS PAYABLE ON REAL ESTATE**

50. List below the information requested with regard to all mortgages or liens due and owing on real estate for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE
				\$				\$
				<b>TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column C.)				<b>TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE</b> (Enter this figure in item 13, column D.)

**SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS**

51. List below the information requested with regard to all loans against life insurance policies, pension plans, etc., taken by you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/ PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE
			\$				\$
			<b>TOTAL ORIGINAL LIABILITY INSURANCE / PENSION LOANS</b> (Enter this figure in item 14, column C.)				<b>TOTAL AMOUNT OUTSTANDING INSURANCE/ PENSION LOANS</b> (Enter this figure in item 14, column D.)



**SCHEDULE "N" - ANY OTHER INDEBTEDNESS**

52. List below the information requested with regard to any other indebtedness for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$	\$
						<b>TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column C.)	<b>TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS</b> (Enter this figure in item 15, column D.)

## SCHEDULE "O" - CONTINGENT LIABILITIES

53. List below the information requested with regard to all contingent liabilities for which you, your spouse (if you are jointly liable under the laws of the jurisdiction in which you principally reside) or your dependent children are obligated.

CHECK IF OWED BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION, INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$	\$
						<b>TOTAL ORIGINAL CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column C.)	<b>TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES</b> (Enter this figure in item 16, column D.)

54. Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

REFERENCE TWO

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

REFERENCE THREE

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known the reference?  
\_\_\_\_\_

55. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **You must use blue ink to personally initial, date and identify the gaming agency to which your application is being submitted at the bottom of any new page added.**

**IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS**

**USE ADDITIONAL PAGES IF NECESSARY**

**STATEMENT OF TRUTH**

\_\_\_\_\_, being duly sworn  
PRINT NAME

according to law deposes and says:

1. I am the person who is submitting this form.
2. I personally supplied the information contained in this form.
3. I am understanding and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED:

*(Signature of Applicant)*

(LEGAL SIGNATURE)

Subscribed and sworn to

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

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

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

\_\_\_\_\_  
JURISDICTION

**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 licensing 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:

*(Signature of Applicant)*

(LEGAL SIGNATURE)

Subscribed and sworn to

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

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

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

\_\_\_\_\_  
STATE