

PERSONAL INFORMATION FORM

This is Schedule "C" to the
Kahnawá:ke Gaming Commission *Regulations concerning Interactive Gaming*

All information provided to the Commission in this Form will be held in the strictest confidence and will not be used by the Commission for any purpose other than matters pertaining to the application to which the Form is related, nor will the information be provided, in whole or in part, to any other party without the express written permission of the person who has completed this Form.

THIS PERSONAL INFORMATION FORM CONTAINS THE FOLLOWING DOCUMENTS. PLEASE ENSURE YOUR PACKAGE IS COMPLETE.

- ✓ Instructions for completion.
- ✓ Oath or Solemn Affirmation.
- ✓ Authority for release of information.
- ✓ Personal Information.
- ✓ Attachment page.

INSTRUCTIONS FOR COMPLETION

1. This Personal Information Form must be completed by each director and shareholder with ten (10%) per cent or more ownership of or controlling interest in the applicant Business Entity .
2. Type or print in BLOCK LETTERS an answer to every question.
3. If a question does not apply, state "N/A" in response to that question.
4. If there is nothing to disclose in reply to a particular question state "nil" in response to that question.
5. If there is insufficient space on a printed form in which to answer a question, additional information may be provided on an attachment page, a form for which is attached.
6. When required to use an attachment page precede each answer thereon with the title applicable to that question.
7. All dates should be completed in the form: Day/Month/Year.
8. This form is to be completed in the English language. Any documents required to be provided are to have a certified English translation appended.
9. Failure to give complete and accurate answers to any questions in this form may constitute an offence under the Commission's *Regulations concerning Interactive Gaming* and will be grounds for the Commission to refuse an application or suspend or revoke a Client Provider Authorisation that has been granted on the basis of the incomplete or inaccurate information.
10. The completed Form should be forwarded to:

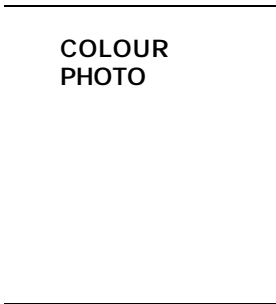
**Kahnawá:ke Gaming Commission
P.O. Box 1799
Mohawk Territory of Kahnawá:ke , Canada
J0L 1B0**
11. The Business Entity Information Form should be sealed in an envelope , with accompanying application and related documents, and marked "Private and Confidential".
12. Any further enquiries should be directed to the Kahnawá:ke Gaming Commission.

**OATH OR SOLEMN AFFIRMATION
BEFORE AN AUTHORISED PERSON**

I, _____ of _____

swear or solemnly affirm that:

1. I am the person identified in the Personal Information Form (the "Form") to which this Oath or Solemn Affirmation is attached.
2. I have personally completed the Form or have personally supplied all the information contained therein.
3. All of the information in the Form is complete and accurate in every detail and fully discloses the information required to complete this Form.
4. I am the person in the photograph attached below.



Date of Photograph: _____

(Signature of Applicant)

- Sworn before me,
- Solemnly affirmed before me,

at _____

this _____

(Signature)

(Given name and name in block letters)

*(Specify in which capacity this declaration is taken:
as commissioner for oaths, justice of the peace, lawyer, notary,
mayor, clerk or secretary-treasurer of a municipality.)*

AUTHORITY FOR RELEASE OF INFORMATION

I, _____
(Full name)

of _____
(Address)

grant an authority on the following terms:

1. I authorise the Kahnawá:ke Gaming Commission (the "Commission"), and any person conducting any investigations or enquiries on behalf of the Commission, to cause to be made investigations about me for the purposes of determining my suitability for the purposes of an Interactive Gaming Licence or Client Provider Authorisation under the *Kahnawá:ke Gaming Law* (the "Law") and the *Regulations concerning Interactive Gaming* (the "Regulations").
2. I authorise the Commission and any person conducting any investigations or enquiries on behalf of the Commission for the purposes of the Law and the Regulations (collectively referred to herein as the "authorised persons"), to obtain any information and make any investigations or enquiries which relate to me and may be relevant to any of the purposes of the Law and the Regulations, in any jurisdiction.
3. I authorise the manager or other principal officer of any branch or office of a bank or financial institution in any jurisdiction to whom a copy of this Authority is presented to allow any authorised person to inspect and obtain copies of, or to release to any authorised person, any record, document or other information of any kind in written, electronic or any other form, which relates to me and is held by the bank or financial institution.
4. I authorise any officer of any police service, law enforcement agency or regulatory body in any jurisdiction to whom a copy of this Authority is presented to release to any authorised person any information or official record of any kind in written, electronic or any other form, which relates to me and is held by the police service, agency or body, including any information relating to my personal and criminal history.
5. I will at all times sufficiently indemnify the authorised persons and keep the authorised persons indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against the authorised persons or incurred or become payable by the authorised persons in respect thereof.

Signed at _____ this ____ day of _____, _____,

Signature

Signature of Witness

Print Name of Witness

PERSONAL INFORMATION

1. _____
Surname First Middle

2. Alias(es), nicknames, maiden name, other name changes, legal or otherwise, you have used or by which you have been known:

3. Present residential address(es):

No. Street (City)

Province/State Postal/Zip Code Country

No. Street (City)

Province/State Postal/Zip Code Country

4. Occupation: _____

Telephones:

Business: _____

Home: _____

Cellular: _____

E-Mail: _____

5. Date of birth: _____ / _____ / _____ (Day/Month/Year) Sex: ___

Place of birth: _____
(City) (Province/State) (Country)

6. Social Insurance Number, Social Security Number or the equivalent for your jurisdiction:

7. Physical description:

Height: _____cms

Weight: _____kgs

Colour of eyes: _____

Colour of hair: _____

Complexion: _____

Scars, tattoos, or other distinguishing marks: _____

8. Are you enrolled an Electoral Roll? _____ Yes / No

If yes, state the name and address under which enrolled: _____

Electoral District, Division and Country: _____

9. Are you the holder of a current Driver's Licence? _____ Yes / No

If yes, date and place of issue: _____

Licence No: _____

(Note: You may be required to produce your driver's licence if an interview is to be conducted)

MARITAL INFORMATION

10. What is your marital status, including any common-law relationship? (If applicable complete the following):

Date of marriage: ____ / ____ / ____

Place of marriage: _____
(City) (Province/State) (Country)

Full name of spouse: _____

Maiden name of spouse (where applicable): _____

Date of birth of spouse: ____ / ____ / ____

Place of birth of spouse : _____

11. Residential address of spouse:

No. Street (City)

Province/State Postal/Zip Code Country

Spouse's employer: _____

Spouse's occupation: _____

12. List of current names (including maiden surname) and current addresses of previous spouses. If deceased, indicate accordingly.

(a) Current name (in full): _____

Maiden surname: _____

Current address: _____

No. Street (City)

(Province/State) (Postal/Zip Code) (Country)

FAMILY PARTICULARS

(Note: Details of deceased persons are also required.)

13. Father: _____
Surname First Middle

Date of birth: ___ / ___ / ___ Occupation: _____

14. Mother: _____
Surname First Middle

Date of birth: ___ / ___ / ___ Occupation: _____

15. List all brothers and sisters. Show relationship of each.

Relationship	Full Name	Address	Occupation

16. Children: List all, including step or adopted children. Show relationship of each.

Relationship	Full Name	Address	Occupation

EDUCATION / QUALIFICATIONS

17. What level of education did you attain: _____
18. Name of last educational institution attended: _____
19. List any memberships in professional bodies (past and present):

MILITARY SERVICE

20. Have you ever served in the military of any country? _____ Yes / No
- If yes, complete the following:
- Country: _____
- Arm of service: _____
- Branch and unit number: _____
- Date of entry : ____ / ____ / ____
- Date of discharge: ____ / ____ / ____ Type of discharge: _____
- Rank at discharge: _____ Serial number: _____
- While in the armed forces were you ever arrested for an offence which resulted in summary action, a trial, or court martial? _____ Yes / No
- If yes, please provide details on an attachment page.

PASSPORT AND TRAVEL INFORMATION

21. For each passport that you hold please provide the following information (if insufficient space use an attachment page)
- Passport number: _____
- Country: _____
- Place of issue: _____
- Date of issue: ____ / ____ / ____
- Date of expiration: ____ / ____ / ____
22. Have you travelled outside your country of residence for a period of time exceeding one (1) month during the past five (5) years? _____ Yes / No

ARRESTS, DETENTIONS AND LITIGATION

23. Have you ever been charged, arrested or summonsed for an offence, regardless of the disposition, in any jurisdiction excluding juvenile offences and traffic offences? _____ Yes/No

If yes, give details in the space provided below. List all cases without exception.

Nature of offence	Age at time of offence	City, Prov/ State, County	Date of offence	Result of Hearing or other disposition

24. Have you ever been a party in a civil lawsuit in which an amount exceeding Ten Thousand (\$10,000.00) was claimed, or are you aware of any such action that may be pending? _____ Yes/No

If yes, please provide details on an attachment page including:

- Name of parties
- City, Province/State and Country in which action commenced
- Level of Court
- Date action commenced
- Nature of action (give brief description)
- Status of action
- Disposition of action
- If a judgement has been entered, has it been satisfied? Give details

25. Have you ever had a judgment entered against you? _____ Yes / No

If yes, please provide details on an attachment page. (Unless already provided).

26. Has your salary, wage, earnings or other income been subject to garnishee order, attachment or other judicial proceeding? _____ Yes / No

If yes, please provide details on an attachment page.

27. Have you ever had an article repossessed by a finance company or other institution? _____ Yes / No. If yes, please provide details on an attachment page.

RESIDENCES

28. List all addresses at which you have been permanently resident over the last ten (10) years beginning with your current address and working backwards. Show the period at each residence.

Month/Year	Street and No.	City	Province/State	Country

EMPLOYMENT

29. Beginning with your current employment and working backwards, list your work history on an attachment page. Particulars to be provided are:

- Duration of employment
- Name, business address and telephone number of employer
- Job title and description of duties
- Reason for leaving
- Name of person to whom you reported

30. Have you ever been dismissed, discharged or asked to resign from any employment? If yes, complete the following: _____ Yes / No

Date	Name and address of employer	Supervisor's name	Reason for dismissal discharge or resignation

31. Directorships and business affiliations:

- On an attached page, provide full details of any other directorships, partnerships or other business interests or affiliations with which you are currently associated or previously associated.
- Are you or have you been associated with the ownership, administration or management of, or held any financial interest in (indicate yes or no in the space beside each point):
 - a casino; _____
 - Keno or lottery operations; _____
 - interactive gambling operation; _____
 - race wagering or sports wagering operations; _____
 - club, hotel or tavern; _____
 - the manufacture, assembling, selling, distributing, importing, supplying or repairing of gaming machines, in line machines or other amusement devices. _____

If so, please provide details on an attachment page.

32. Other than as indicated above, please provide details on an attachment page if you have at any time been engaged in bookmaking or sports book operations in any capacity or otherwise involved in the racing industry.

33. Have you ever been involved in any company that has been in liquidation or receivership or been placed under administration. Yes / No

If yes, please provide details on an attachment page.

CHARACTER REFERENCES

Nominate three persons who are not related to you and who have known you for a period of not less than five years. Persons giving references may be contacted for additional information.

34. Name: _____
Address: _____
Occupation: _____
Telephone: _____ Years known: _____
- Name: _____
Address: _____
Occupation: _____
Telephone: _____ Years known: _____
- Name: _____
Address: _____
Occupation: _____
Telephone: _____ Years known: _____

FINANCIAL DETAILS

35. Have you ever become a bankrupt or availed yourself of the laws relating to bankruptcy or insolvency? _____ Yes / No
- If yes, please provide details on an attachment page.
36. If requested to produce copies of your income Tax Returns, will you do so? Yes/No

37. STATEMENT OF ASSETS

As at the ____ day of _____, _____

(Date of this Statement or whatever date that is convenient in the last 12 months)

Describe fully, if additional space is required use attachment pages.

Current assets

Cash in: _____ \$ _ _____
Financial Institution Branch Account No.

Cash in: _____ \$ _ _____
Financial Institution Branch Account No.

Cash in: _____ \$ _ _____
Financial Institution Branch Account No.

Debts owing to you by other persons (give details and dates due).

Detail	Date Due	Amount

Other current assets (give details).

Detail	Value

Investments

Shares, bonds, Mutual Funds, debentures, notes, etc.

Company	Type	No. Held	Year of Acquisition	Total	Estimated Acquisition Cost	Market Value

Investments, other than those listed above.

Description	Total Acquisition Cost	Estimated Market Value

Fixed assets

Real estate (own residence and other properties)

Location & description	Year of Acquisition	Acquisition price	Estimated Market Value

Other assets (over \$5,000 per item)

Motor vehicles, airplanes, recreation vehicles, boat, furniture, jewellery, etc.

Description	Acquisition Cost	Market Value

TOTAL ASSETS

\$ _____

39. SOURCE OF FUNDS

Indicate hereunder the sources over the past five (5) years of all income and other benefits received for your use or disposal (whether received in money or in kind) whether as a result of your employment or association with any corporation, partnership, trust, joint venture or business or otherwise. List the amount and source of each item received by yourself (and your spouse / common-law spouse, if received jointly) and list each year separately.

Year ended: _____

Source	Amount

TOTAL \$ _____

Year ended: _____

Source	Amount

TOTAL \$ _____

Year ended: _____

Source	Amount

TOTAL \$ _____

Year ended: _____

Source	Amount

TOTAL \$ _____

Year ended: _____

Source	Amount

TOTAL \$ _____

ATTACHMENT PAGE

Question Number:

Signature _____