



REGULATIONS CONCERNING INTERACTIVE REGULATIONS

SCHEDULE "C"

PERSONAL INFORMATION FORM

All information provided by the applicant to the Commission will be held in the strictest confidence and will not be used by the Commission for any purpose other than matters pertaining to this application. However, information provided by the applicant to the Commission will be made available to the Commission's agents and other third-party investigators.

INSTRUCTIONS FOR COMPLETION

1. Type or print in BLOCK LETTERS an answer to every question.
2. If a question does not apply, state "N/A" in response to that question.
3. If there is nothing to disclose in reply to a particular question state "nil" in response to that question.
4. 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.
5. When required to use an attachment page precede each answer thereon with the title applicable to that question.
6. All dates should be completed in the form: Day/Month/Year.
7. This form is to be completed in the English language.
8. Failure to give complete and accurate answers to all questions in this form may constitute an offence and will be grounds for the Commission to refuse an associated application or to suspend or revoke an associated authorization, permit or licence that has been granted on the basis of incomplete or inaccurate information.
9. The completed form should be forwarded to:

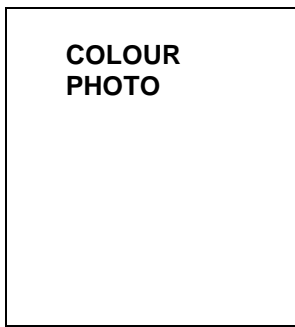
Kahnawake Gaming Commission
P.O. Box 1799
Mohawk Territory of Kahnawake, Canada
J0L 1B0

Fax: +1 450 635 1139
Email: info@gamingcommission.ca
10. A faxed or scanned and emailed copy of this form will be received by the Commission for its information but must be accompanied by original, hard copy documents.

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

I, _____ of _____
swear or solemnly affirm that:

1. I am the person identified in the Personal Information Form to which this Oath or Solemn Affirmation is attached (the "Form").
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 true and correct in every detail and fully disclose 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.)*

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:

No. Street City

Province/State Postal/Zip Code Country
4. Occupation: _____
Contact Information:
Business telephone: _____
Home telephone: _____
Mobile telephone: _____
Email: _____
5. Date of birth: ____ / ____ / ____ 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? _____

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? _____

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 (if other than your residence):

No. Street (City)

Province/State Postal/Zip Code Country

Spouse's employer: _____

Spouse's occupation: _____

FAMILY PARTICULARS

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

12. Father: _____
Surname First Middle

September 18, 2019
Personal Information Form

_____ (please initial)

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

13. Mother: _____
Surname First Middle

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

14. List all siblings.

Relationship	Full Name	Address	Occupation

15. List all children: including step or adopted children.

Relationship	Full Name	Address	Occupation

EDUCATION / QUALIFICATIONS

16. What level of education did you attain: _____

17. Name of last educational institution attended: _____

18. List any memberships in professional bodies (past and present):

MILITARY SERVICE

19. 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

20. 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: ____ / ____ / ____

ARRESTS, DETENTIONS AND LITIGATION

21. Have you ever been charged, arrested, detained or summonsed for an offence, **regardless of the disposition**, in any jurisdiction - excluding juvenile offences and traffic offences? _____

If yes, give details in the space provided below. **NOTE: You must include all occurrences, even if you were not convicted of an offence or a conviction was subsequently overturned on appeal. If you have any doubt about the what should be included in this section, please contact the Commission for advice and direction.**

Nature of offence	City, Prov/State, County	Date of offence	Result of hearing or other disposition

22. Have you ever been a party (plaintiff or defendant) 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? _____

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

- Name of all 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?

23. Have you ever had a judgment entered against you? _____

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

24. Has your salary, wage, earnings or other income been subject to garnishee order, attachment or other judicial proceeding? _____

If yes, please provide details on an attachment page.

25. Have you ever had an article repossessed by a finance company or other institution? _____

If yes, please provide details on an attachment page.

RESIDENCES

26. List all addresses at which you have been permanently resident over the last five (5) 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

27. Beginning with your current employment and working backwards, list your work history for the past five (5) years on an attachment page. Particulars to be provided are:

- Duration of employment

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

28. Have you ever been dismissed, discharged or asked to resign from any employment?

If yes, provide details on an attachment page.

DIRECTORSHIPS AND BUSINESS AFFILIATIONS

29. On an attachment page, provide full details of any other directorships, partnerships or other business interests or affiliations with which you are currently associated or previously associated.

30. Are you or have you ever 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):

- terrestrial gaming of any kind _____
- interactive gaming of any kind _____
- terrestrial or interactive sportsbook or bookmaking _____
- the manufacture, assembling, selling, distributing, importing, supplying or repairing of gaming machines, in-line machines or other amusement devices _____

If the answer to any of the above points was “yes”, provide full details on an attachment page.

31. Have you ever been involved in any company that has been in liquidation or receivership or been placed under administration? _____

If yes, please provide details on an attachment page.

FINANCIAL DETAILS

32. Have you ever become bankrupt or been subject to a consumer proposal or other procedure under bankruptcy legislation in Canada or elsewhere? _____

If yes, please provide details on an attachment page.

33. If requested by the Commission to produce copies of your personal income tax returns, will you do so? _____

If no, 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: _____

