

#### 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 JOL 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.

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Personal	Information Form
	(please initial)

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# OATH OR SOLEMN AFFIRMATION BEFORE AN AUTHORIZED PERSON

_		of	
swear	or solemnly affirm that:		
1.	I am the person identified Affirmation is attached (the	d in the Personal Information Form to which this Oath or Solemn ne "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 ph	otograph attached below.	
	COLOUR PHOTO	Date of Photograph:	
		(Signature of Applicant)	
	orn before me, lemnly affirmed before me,		
at			
this			
/C:====t			
(Signatı	ure)		
(Given ı	name and name in block letters)		
(Specifi	in which capacity this declaration	a is taken:	
as comi	missioner for oaths, justice of the mayor, clerk or secretary-treasure	peace, lawyer,	

September 18, 2019
Personal Information Form
\_\_\_\_\_(please initial)

# **AUTHORITY FOR RELEASE OF INFORMATION**

Ι, _	
of	(Full name)
	(Address) ant an authority on the following terms:
1.	I authorize the Kahnawake 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 having the Commission grant or continue an Interactive Gaming Licence, Client Provider Authorization, Casino Software Provider Authorization, Live Dealer Studio Authorization or Key Person Permit under the Kahnawake Gaming Law (the "Law") and the Regulations concerning Interactive Gaming (the "Regulations").
2.	I authorize 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 "authorized 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 authorize 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 authorized person to inspect and obtain copies of, or to release to any authorized 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 authorize 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 authorized 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 authorize any employee or agent of an educational centre or body, including but not limited to a high school, CEGEP, college, university and trade school, in any jurisdiction to whom a copy of this Authority is presented to release to any authorized representative any information or official record of any kind in written, electronic or any other for, which relates to me and is held by the education centre or body, including any information related to my marks, diplomas and degrees; and
6.	I will at all times sufficiently indemnify the authorized persons and keep the authorized 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 authorized persons or incurred or become payable by the authorized persons in respect thereof.
7.	I understand and agree that the Commission may share the information obtained from its investigations and enquiries with a regulatory authority in another jurisdiction pursuant to the terms of an agreement between the Commission and the other regulatory authority.
Się	gned at,, this day of,,
Sigr	sature Signature of Witness
	Print Name of Witness
	<u> </u>

\_\_\_\_ (please initial)

# PERSONAL INFORMATION

Surname	First	Middle
Alias(es), nicknames, or by which you have b		es, legal or otherwise, you have used
Present residential add	dress:	
No. Street		City
Province/State	Postal/Zip Code	Country
Occupation:		
Contact Information:		
Business telep	hone:	
Home telephor	ne:	
Mobile telepho	one:	
Email:	777	
Date of birth:/	/ Sex:	
Place of birth:		
	City Province/State	·
	City Province/State ber, Social Security Number or the	·
	·	·
Social Insurance Numb	·	·
Social Insurance Numb  Physical description:	·	·
Physical description: Height:cms	ber, Social Security Number or the	·
Social Insurance Numb  Physical description:  Height:cms  Weight:kgs	ber, Social Security Number or the	·
Physical description: Height:cms Weight:kgs Colour of eyes:	ber, Social Security Number or the	·

\_\_ (please initial)

8.	Are you enrolled an Electoral Roll?_					
	If yes, state the name and address under which enrolled:					
	Electoral District, Division and Count	try:				
9.	Are you the holder of a current Drive	er's Licence?				
	If yes, date and place of issue:					
	Licence No:					
	(Note: You may be required to produce your of	driver's licence if an inter	view is to be	conducted)		
MAR	RITAL INFORMATION					
10.	What is your marital status, including	g any common-law r	elationship	o?		
	If applicable complete the following:					
	Date of marriage: / /					
	_					
	Place of marriage:	Province/S	State	Country		
	Full name of spouse:					
	Maiden name of spouse (where app	licable):				
	Date of birth of spouse:/	/				
	Place of birth of spouse :					
11.	Residential address of spouse (if other	her than your reside	ence):			
	No. Street	(City)				
	Province/State	Postal/Zip	Code	Country		
	Spouse's employer:					
	Spouse's occupation:					
FAM	IILY PARTICULARS					
	: Details of deceased persons are also required.)					
12.	Father:					
12.	Surname	First	Mi	ddle		
	ember 18, 2019 onal Information Form					
	(please initial)					

	Date of birth:	/ / Occı	upation:	
13.	Mother:	Surname	First Middle	
			upation:	
14.	List all sibling	gs.		
	Relationship	Full Name	Address	Occupation
15.	Liot all abilde	on including step or ste	antad shildren	
15.		en: including step or add	pptea chilaren.	
	Relationship	Full Name	Address	Occupation
EDUC	ATION / QUAI	LIFICATIONS		
16.	What level of	education did you attair	n:	
17.	Name of last	educational institution a	ttended:	
18.	List any mem	nberships in professiona	I bodies (past and present):	
MILITA	ARY SERVICE	<u> </u>		
19.	Have you eve	er served in the military	of any country?Yes / No	
	If yes, comple	ete the following:		
<b>Septem</b> Persona	ber 18, 2019 Il Information Form	1		
	(please initia	I)		

	Country:			
	Arm of service:			
	Branch and unit num	ber:		
	Date of entry: /	/		
	Date of discharge:	<u>/ /                                  </u>	of dischar	ge:
	Rank at discharge: _	Seri	al number:	
		forces were you ever ar rt martial?		an offence which resulted in summary
	If yes, please provide	e details on an attachme	nt page.	
PASSE	PORT AND TRAVEL	NFORMATION		
20.	For each passport thuse an attachment p		ide the follo	owing information (if insufficient space,
	Passport number:			
	Country:			
	Place of issue:			
	Date of issue:	/ /		
	Date of expiration: _	/ /		
ARRES	STS, DETENTIONS A	ND LITIGATION		
21.				nmonsed for an offence, <b>regardless of</b> offences and traffic offences?
	even if you were overturned on appe	not convicted of an	offence oubt about	You must include all occurrences, or a conviction was subsequently the what should be included in this and direction.
	Nature of offence	City, Prov/State, County	Date of offence	Result of hearing or other disposition
	oer 18, 2019 Information Form			
	(please initial)			

Te	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?					
lf y	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					
23.	Have you ever h	ad a judgment en	tered against you?_			
	If yes, please pro	ovide details on a	n attachment page.	(Unless already pr	rovided).	
24.	•	, wage, earnings oproceeding?		n subject to garnish	nee order, attachment	
	If yes, please pro	ovide details on a	n attachment page.			
25.	Have you ever h	ad an article repo	ssessed by a financ	ce company or othe	r institution?	
	If yes, please provide details on an attachment page.					
RESID	ENCES					
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.					
	residence.					
	residence.  Month/Year	Street and No.	City	Province/State	Country	
		Street and No.	City	Province/State	· 	
		Street and No.	City	Province/State	· 	
		Street and No.	City	Province/State	· 	
		Street and No.	City	Province/State		
		Street and No.	City	Province/State	· 	
EMPLO		Street and No.	City	Province/State	· 	
<b>EMPL</b> 0 27.	Month/Year  OYMENT  Beginning with y	our current emplors on an attachme		backwards, list yo	Country  ur work history for the	
27.	Month/Year  OYMENT  Beginning with y past five (5) yea	our current emplors on an attachme	byment and working	backwards, list yo	Country  ur work history for the	

- Name, business address and telephone number of employers
- Job title and description of duties
- Reason for leaving

\_ (please initial)

- 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):
	<ul> <li>terrestrial gaming of any kind</li> <li>interactive gaming of any kind</li> <li>terrestrial or interactive sportsbook or bookmaking</li> <li>the manufacture, assembling, selling, distributing, importing, supplying or repairing or gaming machines, in-line machines or other amusement devices</li> </ul>
	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 of been placed under administration?
	If yes, please provide details on an attachment page.
FINAI	NCIAL 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.
CHAF	RACTER REFERENCES
	nate three persons who are not related to you and who have known you for a period of not less ve years. Persons giving references may be contacted for additional information.
34.	Name:
	Address:
	Occupation:
	Telephone:Years known:

Name:		
	Years known:	
Name:		
Telephone:	_Years known:	

# **ATTACHMENT PAGE**

Question Number:	
	Signaturo
	Signature
September 18, 2019 Personal Information Form	

September 18, 2019
Personal Information Form

(please initial)