



## REGULATIONS CONCERNING POKER ROOM REGULATIONS

### SCHEDULE "E"

### 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.***

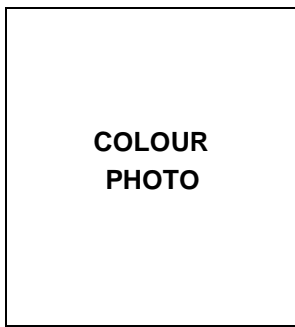
#### INSTRUCTIONS FOR COMPLETION

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](mailto: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.)*

## AUTHORITY FOR RELEASE OF INFORMATION

I, \_\_\_\_\_  
(Full name)

of \_\_\_\_\_  
(Address)

grant 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 a Poker Room Licence or Key Person Permit under the *Kahnawake Gaming Law* (the "Law") and the *Regulations concerning Poker Rooms* (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 form, 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.**

Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of Witness

**September 18, 2019**  
Personal Information Form

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

## 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

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\_\_\_\_\_ (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:

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

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.

**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.

32. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Years known: \_\_\_\_\_

### **FINANCIAL DETAILS**

33. 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.

34. 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.

