



# **THE DIRECTORATE OF OFFSHORE GAMING**

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**Schedule "A":**

**APPLICATION FOR AN INTERACTIVE GAMING  
OR INTERACTIVE WAGERING LICENCE**

This is **Schedule "A"** to the Regulations Concerning Interactive Gaming and Interactive Wagering

All information provided by the Applicant to Directorate of Offshore Gaming will be held in the strictest confidence and will not be used by the Directorate for any purpose other than matters pertaining to this application, unless it is required for the administration or enforcement of the Law or these Regulations or if it is related to an official investigation.

1. Name of Applicant: \_\_\_\_\_  
*(Note: If the applicant is a corporation, partnership or other business entity, provides full registered name and the nature of the entity.)*

2. Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Registered Address (If different from the mailing address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Address of Business Premises (Address at which gaming activities are to be conducted):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Telephone Number: \_\_\_\_\_

6. Fax Number: \_\_\_\_\_

7. E-mail: \_\_\_\_\_

8. Tax Number: \_\_\_\_\_

9. Name of Authorized Representative(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number for Authorized Representative(s): \_\_\_\_\_

Fax Number for Authorized Representative(s): \_\_\_\_\_

E-mail for Authorized Representative(s): \_\_\_\_\_

10. Proposed Corporate Name of Interactive Gaming or Interactive Wagering Company:  
\_\_\_\_\_

11. Estimated amount and type of proposed investment to support this Company

Over the first three months: US\$ \_\_\_\_\_  
Type: \_\_\_\_\_

Over the first year: US\$ \_\_\_\_\_  
Type: \_\_\_\_\_

Over the first three years: US\$ \_\_\_\_\_  
Type: \_\_\_\_\_

12. Is the proposed company a wholly owned subsidiary of another company?

Yes  No

If yes, please give details on an attachment page. If so, list all investors or shareholders who own five (5%) or more of the parent company.

13. List all investors or proposed investors or stockholders (corporate or individual) who hold or will hold five (5%) or more interest in the proposed company.

14. List the names of the members of the Board of Directors and principal corporate officers of the proposed Company, or proposed Board members and officers, including the General Manager or other person who will be in charge of the day-to-day operations of the Company.

This application is accompanied by:

- A. A completed Business Entity Identification Form in respect of the applicant;
- B. A completed Personal Information Form in respect of each director, partner and chief executive officer of the applicant, and shareholder with five (5%) percent or more ownership of or controlling interest in the applicant and;

- C. A non-refundable deposit in the amount of Fifteen Thousand United States Dollars **(\$15,000.00 US)**.

Upon successful completion of due diligence, the Directorate will then inform the Administrator of the Financial Services Regulatory Commission and the Commissioner of the Free Trade and Processing Zone.

## DECLARATION

By signing below, I declare that:

1. The information contained in this application is complete and accurate:
2. In the case of a corporation, partnership or other business entity, that I am duly authorized to make the application on behalf of the corporation, partnership or other business entity named as applicant:
3. I have been provided with a copy of the Interactive Gaming and Interactive Wagering Regulations. The applicant agrees to abide by the provisions of the Regulations which will be the law governing the applicant's relationship with the Directorate of Offshore Gaming of Antigua and Barbuda.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Please Print)*

Date: \_\_\_\_\_

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***End of Schedule "A". Please go on to Schedule "B".***