Internet Gaming Licence Application

Official submission form for B2C and B2B applications

Application Date

Target Go-Live Date

Application Type

01 - APPLICANT INFORMATION

Full Legal Name of Applicant

Registration Number

Date of Incorporation

Registered Office Address

Registered Agent / Corporate Administrator

Directors of the Business

#	Director / Manager	Nationality	Date of Birth
1			
2			
3			

Shareholders / Owners of the Business

#	Shareholder / Owner	Nationality	% Interest
1			
2			
3			

Name of Person Making this Application

Title / Position

Internet Gaming Licence Application

Confidential • Electronic completion preferred

02 - CONTACT INFORMATION

Public Complaints & Self-Exclusion Email

Primary Contact

Full Name

Business Telephone

Mobile Number

Email Address

Key Person / Authorised Representative

Full Name

Business Telephone

Mobile Number

Email Address

Internet Gaming Licence Application

Confidential • Electronic completion preferred

02 - CONTACT INFORMATION (CONTINUED)

Compliance Officer

Full Name

Business Telephone | Mobile Number | Email Address

Technical Contact

Full Name

Business Telephone | Mobile Number | Email Address

Billing Contact

Full Name

Business Telephone | Mobile Number | Email Address

Internet Gaming Licence Application

Confidential • Electronic completion preferred

03 - PRODUCTS / SERVICES TO BE OFFERED

Select all applicable product categories and provide a short description where required.

- [ ] Casino Games
- [ ] Sportsbook
- [ ] Poker
- [ ] Bingo
- [ ] Horse Racing
- [ ] Esports / Virtuals
- [ ] Skill / Instant Games
- [ ] Other

Casino Games - list of products to be offered

Sportsbook - operating model / markets

Poker - operation and network details

Bingo - operating model

Horse Racing - operating model

Other products / services - description

Internet Gaming Licence Application

Confidential • Electronic completion preferred

04 - BRANDS, DOMAINS & KEY PROVIDERS

Websites / Domains to be Licensed

#	URL / Domain
1	
2	
3	
4	
5	

Content / Technology Providers

Product Type	Provider Name	Contact Person	Telephone / Email

Internet Gaming Licence Application

Confidential • Electronic completion preferred

05 - INDUSTRY EXPERIENCE & BACKGROUND

Approximate experience in the gaming industry

- [ ] None
- [ ] 1-5 Years
- [ ] 5-10 Years
- [ ] 10+ Years

Has the applicant, any affiliate or any relevant individual previously been licensed to offer games of chance? If yes, provide details

- [ ] Yes
- [ ] No

Has the applicant, or any partner, owner or manager, been charged with or found guilty of any criminal offence? If yes, provide details

- [ ] Yes
- [ ] No

Has the applicant ever held a gaming licence in any jurisdiction? If yes, provide details

- [ ] Yes
- [ ] No

Internet Gaming Licence Application

Confidential • Electronic completion preferred

06 - DECLARATION & SIGNATURE

I declare that the particulars contained in this application are true, correct and complete. If the requested internet gaming licence is granted, the applicant agrees to comply with Eritrea's Business Licensing System Control and Business Licensing Office Establishment Proclamation No. 72/1995, as amended by Proclamation No. 128/2002, together with the applicable internet gaming licence conditions, AML / CTF obligations, responsible gaming requirements, supervisory reporting rules and any directions issued by the Eritrean Gaming Commission

By signing below, the applicant authorises the Eritrean Gaming Commission and its appointed agents or advisers to undertake such enquiries as may be reasonably necessary to verify the information submitted in support of this application.

Date

Full Name of Signatory

Title / Capacity

Digital Signature

SIGN

Sign electronically or insert authorised digital signature

Company and Ownership Intake Form

Confidential • Electronic completion preferred

Please complete this form electronically. Handwritten submissions may be rejected.

SECTION 1 - PROPOSED COMPANY DETAILS

Name should end in Ltd., Limited or Inc.

Preferred Company Name Option 1

Preferred Company Name Option 2

Preferred Company Name Option 3

SECTION 2 - MAIN CONTACT PERSONS

Primary communication contacts

Primary Contact Name

Primary Contact Email

Secondary Contact Name

Secondary Contact Email

☐ Only the contacts above should receive routine communications.

SECTION 3 - INDIVIDUAL SHAREHOLDERS

If a shareholder is a company, complete Section 4 instead

	Shareholder 1	Shareholder 2	Shareholder 3	Shareholder 4
Surname				
Given Name(s)				
Residential Address				
Passport Number				
Passport Expiry				
Date of Birth				
Place of Birth				
Tax Residence				
Email Address				
Telephone				
Occupation				
Marital Status				
Shares Held				

Company and Ownership Intake Form

Confidential • Electronic completion preferred

SECTION 4 - CORPORATE SHAREHOLDERS

Complete if shares are held by another entity

	Shareholder 1	Shareholder 2	Shareholder 3	Shareholder 4
Company Name				
Registered Address				
Tax ID / Registration No.				
Jurisdiction				
Date of Incorporation				
Same as UBO?				
Shares Held				

SECTION 5 - ULTIMATE BENEFICIAL OWNERS

Tick if UBO is also a shareholder

	UBO 1	UBO 2	UBO 3	UBO 4
Surname				
Given Name(s)				
Residential Address				
Passport Number				
Passport Expiry				
Date of Birth				
Place of Birth				
Tax Residence				
Email Address				
Telephone				
Occupation				
Marital Status				
Ownership %				

Company and Ownership Intake Form

Confidential • Electronic completion preferred

SECTION 6 - DIRECTORS / MANAGERS

Tick if a director is also a shareholder

	Director 1	Director 2	Director 3	Director 4
Surname				
Given Name(s)				
Residential Address				
Passport Number				
Passport Expiry				
Date of Birth				
Place of Birth				
Tax Residence				
Email Address				
Telephone				
Occupation				
Marital Status				

Nominal Share Value

Number of Shares to be Issued

Nature of the Proposed Business

Company and Ownership Intake Form

Confidential • Electronic completion preferred

DECLARATION

I / We confirm that the information supplied in this form is, to the best of our knowledge and belief, true, accurate and complete. I / We understand that any material omission, misstatement or misleading information may result in rejection of the application, refusal of registration or later regulatory action.

Digital signatures are preferred. Where electronic execution is not available, signed scan copies may be requested.

Authorised Signatory Name	Digital Signature	Date
	SIGN	

Personal Suitability & Information Form

For directors, shareholders, UBOs and key persons

PERSONAL DETAILS

First Name

Middle Name

Surname

Current Residential Address

Occupation

Business Telephone

Home Telephone

Mobile Telephone

Email Address

Date of birth / sex / place of birth

Date of Birth	Sex	Place of Birth	Province / State	City / District	Country

National ID / Social Security Number or equivalent

Do you currently hold a valid driver's licence? ☐ Yes ☐ No

If yes - Date and Place of Issue

Licence Number

Personal Suitability & Information Form

Confidential • Electronic completion preferred

MARITAL INFORMATION

Marital status (including common-law relationship where applicable)

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common-Law ☐ Other

Date of Marriage (if applicable)

Place of Marriage - City / Country

Full Name of Spouse / Partner

Maiden Name of Spouse (if applicable)

Date of Birth of Spouse

Place of Birth of Spouse

Residential Address of Spouse (if different)

Spouse's Employer

Spouse's Occupation

EDUCATION & QUALIFICATIONS

Highest level of education completed

☐ Secondary / High School ☐ Bachelor's ☐ Master's ☐ Doctorate

☐ Other

Most Recent Educational Institution Attended

Professional memberships / accreditations (past and present)

Personal Suitability & Information Form

Confidential • Electronic completion preferred

BUSINESS AFFILIATIONS

Have you ever been associated with land-based gaming of any kind? ☐ Yes ☐ No

Have you ever been associated with online gaming of any kind? ☐ Yes ☐ No

Have you ever been associated with sportsbook or bookmaking (land-based or online)? ☐ Yes ☐ No

Have you been involved with a company that entered liquidation, receivership or administration? ☐ Yes ☐ No

Have you ever been bankrupt or subject to bankruptcy or insolvency proceedings? ☐ Yes ☐ No

ATTACHMENT PAGE / ADDITIONAL DETAILS

Question Ref.	Additional Details / Supporting Information

I confirm that the information provided in this form is true, accurate and complete to the best of my knowledge.

Full Name

Digital Signature

SIGN

Date

UBO and Control Declaration

Ultimate beneficial owner / controlling person declaration

DECLARATION

The undersigned, being an ultimate beneficial owner of, or the person who ultimately controls, the company identified below, confirms that he / she will comply with all applicable tax-reporting requirements concerning the beneficial ownership of the company's assets and income in the country of residence and any other jurisdiction where such reporting is lawfully required.

The undersigned accepts responsibility for the accuracy of this declaration and acknowledges that incomplete or false information may result in regulatory consequences.

BENEFICIAL OWNER DETAILS

Full Name of Beneficial Owner

Nationality / Citizenship

Residential Address

Passport Number

Passport Issuing Country

Passport Expiry Date

Date of Birth

Contact Telephone

Email Address

COMPANY DETAILS

Company Name

Registration Number

Jurisdiction / Governing Law

CERTIFICATION & SIGNATURE

By signing below, the undersigned confirms that all information provided in this declaration is true, accurate and complete, and accepts full responsibility for the accuracy of the declaration.

Full Name

Digital Signature

SIGN

Declaration Date

Declaration of Source of Funds

Confidential declaration for company and licence onboarding

This declaration should be completed by the relevant ultimate beneficial owner(s) or funding party(ies).

DECLARANT DETAILS

Full Name

Residential Address

DECLARATION OF FUNDS

As part of the documentary requirements for establishing and/or funding the legal entity, the undersigned declares the source of the monies to be used for incorporation, capitalisation and operational funding.

- ☐ Salary / Employment Income
- ☐ Business Income
- ☐ Dividends
- ☐ Interest / Investments
- ☐ Gifts / Family Funds
- ☐ Other (please specify below)

Other source details / additional explanation

The undersigned further confirms that the funds described above are derived from legitimate sources and that documentary evidence supporting the origin of those funds will be provided upon request. The undersigned also confirms that none of the funds declared are derived from money laundering, terrorism financing, drug trafficking, arms trafficking or any other unlawful activity under the applicable laws of the declarant's country of residence and the laws governing Eritrea Gaming licensing.

Signatory Name

Digital Signature

SIGN

Date