

**APPLICATION FOR A
CLIENT PROVIDER AUTHORISATION**

This is Schedule "D" to the
Kahnawá:ke Gaming Commission *Regulations concerning Interactive Gaming*

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 nor will the information be provided, in whole or in part, to any other party without the applicant's express written permission.

**THIS APPLICATION FORM CONTAINS THE FOLLOWING DOCUMENTS.
PLEASE ENSURE YOUR FORM IS COMPLETE.**

- ✓ Instructions for completion.
- ✓ Application for a Client Provider Authorisation.
- ✓ Accompanying documents and fees.
- ✓ Oath or Solemn Declaration.

INSTRUCTIONS FOR COMPLETION

1. This application must be completed by a duly authorised key person, director or other person duly authorised by the applicant.
2. Type or print in BLOCK LETTERS an answer to every question.
3. All dates should be completed in the form: Day/Month/Year.
4. This form is to be completed in the English language. Any accompanying documents required to be provided are to have a certified English translation appended.
5. Failure to give complete and accurate information in this form may constitute an offence under the Commission's *Regulations concerning Interactive Gaming* and will be grounds for the Commission to refuse an application or suspend or revoke a Client Provider Authorisation that has been granted on the basis of the incomplete or inaccurate information.
6. The completed form should be forwarded to:

**Kahnawá:ke Gaming Commission
P.O. Box 1799
Mohawk Territory of Kahnawá:ke, Canada
J0L 1B0**
7. This application should be sealed in an envelope, with accompanying documents, and marked "Private and Confidential".
8. Please enclose a money order or bank draft for the prescribed fees in the envelope or contact the Commission for wire instructions to forward the required fees directly to the Commission.
9. Any further enquiries should be directed to the Commission.

APPLICATION FOR A CLIENT PROVIDER AUTHORISATION

Name of Applicant:

(Note: Provide full registered name and the nature of the entity: eg. corporation, partnership or other business entity)

Mailing Address:

Registered Address (If different from the mailing address):

Address of Business Premises (Address at which gaming activities are to be conducted):

Telephone Number: _____

Fax Number: _____

E-mail: _____

Name of Contact Person(s): _____

Telephone Number for Contact Person(s): _____

Fax Number for Contact Person(s): _____

E-mail for Contact Person(s): _____

Particulars of the Interactive Gaming Licence to which the Client Provider Authorisation is to be appended:

ACCOMPANYING DOCUMENTS AND FEES

This application must be accompanied by:

- (a) A signed and properly attested Oath or Solemn Declaration, in the form attached to this application;
- (b) A fully completed Business Entity Information Form, in the form attached as Schedule "B" to the Regulations;
- (c) Fully completed Personal Information Forms, in the form attached as Schedule "C" to the Regulations for each director and shareholder with ten (10%) per cent or more ownership of or controlling interest in the applicant corporation;
- (d) Fully completed Key Person Licence Application Forms, in the form attached as Schedule "E" to the Regulations, for each of the applicant's key persons;
- (e) Key Person Licence Application fees in the amount of Five Thousand (US\$5,000.00) US Dollars for **each** Key Person Application;
- (f) A letter from the holder of a valid Interactive Gaming Licence, indicating that it is aware of and consents to having the applicant's Secondary Client Provider Authorisation, if it is granted, appended to the Interactive Gaming Licence;
- (g) Except as otherwise directed by the Commission, a Control System Submission, in the form attached as Schedule "I" to the Regulations;
- (h) An application fee in the amount of Twenty Five Thousand (US\$25,000.00) US Dollars, which includes:
 - (i) the estimated cost of conducting the Commission's due diligence regarding the applicant and the individuals who have provided Personal Information Forms (non-refundable); and
 - (ii) the first annual licencing fee (refundable if an application is not granted). but which does **not** include any costs associated with the Commission's assessment of the applicant's Control System Submission - which cost will be paid by the applicant to the Commission upon being presented the appropriate invoice.

**OATH OR SOLEMN AFFIRMATION BY THE APPLICANT
BEFORE AN AUTHORISED PERSON**

I, _____ of _____
swear or solemnly affirm that:

1. I am duly authorised to make this application on behalf of the applicant and the matters to which I attest in this Oath or Solemn Affirmation are binding on the applicant;
2. The information contained in this application, and the documents accompanying this application, is complete and accurate;
3. I understand that if any of the information in this application, or in the documents that accompany this application, is not complete or accurate, the Commission will not grant this application or, if the application has already been granted, may suspend or revoke the Client Provider Authorisation that was granted as the result of this application;
4. I have been read and understand the requirements of the Commission's *Regulations concerning Interactive Gaming* (available at www.kahnawake.com/gamingcommission);
5. The applicant has agreed to abide by the provisions of the *Kahnawá:ke Gaming Law* and the *Regulations concerning Interactive Gaming*;
6. The *Kahnawá:ke Gaming Law* and the *Regulations concerning Interactive Gaming* will be the law governing the applicant's relationship with the Kahnawá:ke Gaming Commission;
7. I understand that the applicant must immediately notify the Commission in writing of any changes to the information in this application, failing which the Commission will not grant this application or, if the application has already been granted, may suspend or revoke the Client Provider Authorisation that was granted as the result of this application.

(Signature)

- 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.)