



**EXECUTIVE OFFICE OF THE PRESIDENT
BETTING CONTROL AND LICENSING BOARD
ACK Garden Annex, 1st Ngong Avenue 7th Floor**

Telephone: 011021400
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P. O. Box 43977 – 00100,
NAIROBI.

PROBITY INVESTIGATION FORM FOR LICENCES AND PERMITS

Full Names of Applicant ~~~~~

LICENCES/PERMITS APPLIED FOR ~~~~~

APPLICANT'S SIGNATURE ~~~~~

DATE ~~~~~

All Correspondence to be addressed to:-
The Director,
Betting Control and Licensing Board,
P.O. Box 43977 – 00100,
NAIROBI.

SIGNATURE ~~~~~

INSTRUCTIONS

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.
2. **Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information required, your application may be rejected.**
3. If a question does not apply to you, write “N/A” (for “Not Applicable”) in the space provided. If there is nothing to disclose about a particular question, write “None” in the space provided. If an alternation is made to an answer, sign in full next to the alternation.
4. All answers on this form, except signatures, must be typed or **neatly printed in black ink**. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. **This form must be completed by the applicant.**
6. The original completed form and all the additional required information plus **one copy of all pages, including all supporting documentation**, must be submitted.
7. An entity whose application for a license is completed must submit an income tax clearance certificate or equivalent from the country of origin.
8. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) or the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
9. All dates must be in the entire format: **Day/Month/Year**.

1. DETAILS OF ENTERPRISE

NAME OF ENTERPRISES*

*Name as appears on the certificate of incorporation, charter, by – laws, partnership agreement or other official document. **DO NOT ABBREVIATE.**

TRADE NAME(S) (IF ANY)

Person to be contacted in reference to this form:

NAME	TELEPHONE NO (INCLUDE AREA CODE)
DESIGNATION	

The principal business address of the enterprise:

BUSINESS PHYSICAL ADDRESS

SIGNATURE: -----

MAILING ADDRESS(IF DIFFERENT)	TOWN	PROVINCE	POSTAL CODE
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The address from which the enterprise is or will be concluding any business as part of agreement with a license.

STREET LOCATION (NUMBER/STREET)	TOWN	PROVINCE	POSTAL CODE
	TELEPHONE NO.LOCATION(INCLUDE AREA CODE)		

2. OTHER NAME (S) AND ADDRESSES OF THE ENTERPRISE

- (a) List all other names under which the enterprise has done business, and give approximate time periods during which such names were in use.

- (b) State all other addresses currently occupied/held by the enterprise and all addresses from which the enterprise is currently doing business.

NUMBER AND STREET	CITY	PROVINCE	POSTAL CODE

- (c) State all addresses, other than those listed above, which the enterprise occupied/held or from which it was conducting business during the last ten – year period, and give the approximate time periods during which such addresses were occupied/held.

NUMBER AND STREET	CITY	PROVINCE	POSTAL CODE	FROM	TO

3. DESCRIPTION OF ENTERPRISE

- (a) Specify the business form of this enterprise (i.e. corporation, partnership, trust, joint venture, sole proprietorship or otherwise).

- (b) Submit a copy of the certificate of incorporation and all amendments, charter, by-laws, partnership agreement, trust agreement or other basic documentation of enterprise, if any.

SIGNATURE: -----

4. DESCRIPTION OF PRESENT BUSINESS

Describe the business done by the enterprise and its parent, holding, Subsidiary and intermediary companies if any and the general development of such business during the past five years, or such shorter period as the corporation of its parent, holding, subsidiary and intermediary companies may have been engaged in business. This description must include information on matters such as the following:-

- (a) The principal products produced and serviced by the enterprise and its parent, holding, subsidiary and intermediary companies, the principal markets for said products or services and the methods of distribution. (Differentiate between gaming related and non-gaming related products).
- (b) The sources and availability of gaming devices.

5. DESCRIBE FORMER BUSINESS

As attachment 5, describe any former business not listed above, which the enterprise any parent, Holding, subsidiary and intermediary company engaged in during the last ten – year period, and

the reasons for the cessation of such business. Also indicate the appropriate time period during which each such business was conducted.

6. SHAREHOLDING DESCRIPTION (CORPORATION)

Description the nature, type, terms, conditions, rights and privileges of all shares held by each Director.

7. QUALIFIERS

Please indicate all persons or entities in your enterprise that correspond to the sub-items listed below. If any of the sub-items (a) to (i) does not apply, please indicate "Does not apply" directly on this form.

NOTE: A PERSONAL HISTORY DISCLOSURE FORM MUST BE COMPLETED BY EVERY PERSON NOTED IN ALL SUB-ITEMS (a) TO (i) BELOW, IN ADDITION, THE LICENSING AUTHORITY MAY, AT ITS DISCRETION, ORDER ADDITIONAL PERSONS ASSOCIATED WITH THE ENTERPRISE TO FILE SUCH A FORM IF IT APPEARS THAT SUCH PERSONS SHOULD BE QUALIFIED.

- (a) All persons who will act as sales representatives or otherwise regularly engage in the solicitation of business from a licence holder.
- (b) All persons who have or will sign any agreement with a licence holder.
- (c) The management employee supervising the regional or local office which employs the sales representative(s) described in sub-item (a);
- (d) All offices of the enterprise;
- (e) All directors or trustees of the enterprises;
- (f) All partners, whether general, limited or otherwise;
- (g) The sole proprietor, if the enterprise is a sole proprietorship;
- (h) All beneficial owners of the outstanding voting securities of the enterprise, whether such owners are themselves legal or natural persons; and
- (i) All persons doing business with the licence holder other than the holder of an employment licence.

NOTE: IF THE ENTERPRISE IS LISTED AS OWNER IN (h) ABOVE, THE ENTERPRISE MUST COMPLETE THE BUSINESS ENTITY DISCLOSURE FORM.

SIGNATURE-----

For every person or entity noted in sub-items 7(a) to (i) above, please provide the Information requested in the following form:

NAME	DATE OF BIRTH	PHYSICAL ADDRESS	TITLE, POSTION,% OF OWNERSHIP OR ASSOCIATION WITH ENTERPRISE

8. OUTLINE OF OWNERSHIP

Outline ownership of the corporation/enterprise holding any stock, holding a partnership interest or holding any other ownership interest in applicant, prepare a flow chart which illustrates the fully diluted ownership of the applicant as an attachment. List all parent, holding or subsidiary and intermediary companies so that the flow chart reflects the stock/partnership interest as being held by a natural person(s) and not other enterprise(s), If the ultimate parent company is publicly traded and no natural person controls any percentage of the publicly traded stock, indicate this fact in a footnote to the flowchart.

9. FORMER DIRECTORS

Furnish the information indicated below for each person not listed in the response above, who held a position as an officer or director of the enterprise over the last ten years.

NAME	DATE OF BIRTH	LAST KNOWN ADDRESS	POSITION HELD, DATE AND REASON FOR LEAVING

10. FINANCIAL STABILITY

- (a) Amount of initial investment;
 - (i) Cash
 - (ii) Negotiable instruments
 - (iii) Property
 - (iv) Others
- (b) Amount and nature of any anticipated future investments:

- (c) Degree of control of each partner/member over the activities of the partnership:-

SIGNATURE: _____

- (d) Percentage of ownership of each partner/member;

- (e) Audit reports of currently operating businesses:-

- (f) Liquidity ratios:-

11. FINANCIAL INSTITUTIONS

Furnish the information indicated in the table below in respect of each bank, savings and loan association or other financial institutions, whether domestic or foreign, in which the enterprise has or had an account over the last ten-year period, regardless of whether such account was held in the name of the enterprise, a nominee of the enterprise or was otherwise under the direct or indirect control of the enterprise.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER	TIME PERIOD ACCOUNT HELD (FROM/TO)

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12. INSIDER TRANSACTIONS (CORPORATION)

Furnish the information indicated in the table below for each change, within the last five (5) years preceding this application, in the beneficial ownership of the equity securities of the corporation on the part of any person who is indirectly or directly a beneficial owner of any class of an equity security of the corporation, or who is, or was, a director or official of the corporation within that period.

NAME OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF SECURITIES INVOLVED

SIGNATURE: _____

13. CRIMINAL HISTORY

The next question requests information about any offences the enterprise may have committed or charges brought against it.

Prior to answering this question, carefully review the definitions and instructions below:-

“Charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offence”.

“Offence” includes all felonies, crime, disorderly persons’ offences and petty disorderly offences.

Answer “yes” and provide all information to the best of your ability EVEN IF:

- The enterprise did not commit the offence charged;
- The charges or alleged offences to which they related were brought not more than ten years ago.

Has the enterprise, its owners, officers, directors or any fits subsidiaries ever been indicted, charged with or convicted of a criminal or disorderly person’s offence or been party or named as an indicted co-conspirator in any criminal proceeding in the Republic of Kenya or any other jurisdiction?

----- YES ----- NO.

If “yes”, complete the table below:-

NAME OF CASE AND CASE NUMBER	NATURE OF CHARGE OR COMPROVINCIAL LICENSING AUTHORITYINT	DATE OF CHARGE OR COMPROVINCIAL LICENSING AUTHORITYINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE

14. NON-COMPLIANCE TO GAMBLING LAWS HISTORY

The next question request information of non-compliance the enterprise may have committed or had been charged with. Prior to answering this question, carefully review the definitions and instructions below;-

“Charge” includes any indictment, complaint, information, summons or other notice of the alleged commission of any non-compliance.

“Non-compliance” includes all failure to comply with any gambling legislation, internal control standards relating to gambling operations and other offences.

Answer “Yes” and provide all information to the best of your ability EVEN IF:-

- The enterprise did not commit the non-compliance charged;
- The charge was dismissed;
- The enterprise was not convicted; or
- The charges or offences happened a long time ago.

Has the enterprise, its owners, officers, directors or any of its subsidiaries even been indicted or charged with any non-compliance?

_____ YES _____ NO
SIGNATURE _____

If "Yes", complete the table below:-

JURISDICTION	NATURE OF NON-COMPLIANCE	DATE OF CHARGE	OUTCOME	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE

15. TRADE REGULATIONS AND SECURITIES JUDGEMENTS

Number of and types of licenses held.

Has the enterprise ever had a judgment, consent or degree of consent order pertaining to a violation or alleged violations or trade regulations or securities laws, or similar laws of any country, entered against it?

Revoked and suspended licenses and the reasons thereto.

If yes, provide the information in the following tabular form:

NAME OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGEMENT, DEGREEE OR ORDER	DATE ENTERED

Should you require addition space, attach a separate sheet in the same tabular format and label it.

16. INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT OR TRUSTEE

(a) Has the enterprise, its parent or any affiliated company had any petition under any provision of any bankruptcy legislation or under any state insolvency law filed by or against it over the last ten years period?

_____ YES _____ NO.

If "Yes", provide details:

(b) Has the enterprise, its parent or any affiliated company sought relief under any provision of any bankruptcy legislation or any state insolvency law over the last ten year period?

_____ YES _____ NO.

If "Yes", provide details:

SIGNATURE: _____

- (c) Has any receiver, fiscal agent, trustee, recognition trustee, or similar officer been appointed, over the last ten year period, by a court for the business or property of the enterprise or its parent, holding, subsidiary and intermediary companies?

_____ YES _____ NO.

If "Yes", complete the table below:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON

Should you require additional space, attach a separate sheet in the tabular format and label.

17. EXISTING LITIGATION

Describe all existing civil litigation to which the enterprise or any parent, holding, subsidiary and intermediary company is currently a part of any jurisdiction. This description shall include the title and case or number of the litigation, the name and location or the court where it is pending, the identity of all parties to the litigation, and the general nature of all claims being made.

18. LICENCES

- (a) Over the last ten-year period, has the enterprise ever had any license or certificate issued, denied, suspended or revoked by a government agency, or any jurisdiction?

_____ YES _____ NO.

If response to item 18 is in the affirmative, complete the table below:-

TYPE OF LICENCE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENT AGENCY	ACTION TAKEN	DATE	REASON

Should you require additional space, attach a separate sheet in the same tabular format and label it.

- (b) Has the enterprise ever applied, in any jurisdiction, for a license, permit or other authorization to participate in lawful gambling operations (including casino gaming, horse racing, dog racing, pari-mutual operation, lottery, sports betting etc)?

_____ YES _____ NO.

If the response to sub-item (b) is in the affirmative, complete the table below:-

NAME AND ADDRESS OF LICENCING AGENCY	DATE OF OPERATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF LICENCE IF ISSUED, GIVE GAMBLING ACTIVITY LICENCED NUMBER AND EXPIRY DATE

SIGNATURE: _____

19. FINANCIAL STATEMENTS

Attach copies of audited financial statements for the last 5 years with regards to the enterprise applying for a license.

If the enterprise is not required to have audited financial statements, attach unaudited financial statements for the last five years.

20. ANNUAL REPORTS

Annual copies of the last 5 annual reports.

21. OTHER REPORTS

Attach copies of any other reports (quarterly reports, interim reports etc).

22. ORGANISATIONAL CHART

Attach copy an organizational chart of the enterprise which includes position description and the names of persons holding such positions.

23. TAX RETURNS

Attach a copy of all tax returns (with all supporting documents) for the last 5 years.

SIGNATURE: _____

AFFIDAVIT

I, _____, hereby acknowledge that I am aware that the Licensing Authority may deny a license to any application that supplies information which is untrue or misleading to a material fact pertaining to the qualification criteria.

I, _____, hereby affirm that the foregoing statements made by me on behalf of _____ are true and correct. I am aware that if any of the foregoing statements made by me are willfully false or misleading, I will be subject to the penalty attendant upon perjury.

Name

Designation (Title of position)

Signature

Date

Subscribe and sworn to before me this _____ day of _____

NOTARY

SEAL OF AUTHORITY

SIGNATURE: _____

RELEASE AUTHORISATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions and all government agencies – state, provincial or local, foreign and domestic.

On behalf of _____
_____ have authorized the Betting Control and
Licensing Board and _____ to conduct a full investigation in
the background of the said enterprise.

Therefore, you are hereby authorized to release all information pertaining to the same enterprise, documentary or otherwise, as required by any employee or agent of the Betting Control and Licensing Board and/or _____, provided that he or she certifies to you that the said enterprise has an application pending before the Betting Control and Licensing Board and/or _____ that the said enterprise is currently a licensee or registrant required to be qualified under the provision of the Betting Control and Licensing Board Cap.131 of the Laws of Kenya.

This authorization shall supersede or countermand any prior authorization to the contrary.

A Photostat copy of this statement will be considered as effective and valid as the original.

Subscribed and sworn to before me this _____ day of _____, 2_____

NOTARY PUBLIC

SIGNATURE: _____