



Application for a Gaming Licence

Gaming Control Act [CAP 172]

<p><u>To Be Sent To:</u></p> <p>DIRECTOR OF CUSTOMS AND INLAND REVENUE PRIVATE MAIL BAG 9012 PORT VILA VANUATU</p> <p>Tel: (678) 33010 / 33091 Fax: (678) 22597</p>	<p style="text-align: center;">FOR OFFICIAL USE</p> <p>Date Received: _____/_____/_____</p> <p>Approved/Refused by Director: _____</p> <p>Date: _____</p> <p>Amount of Licence Fee Paid: VT _____</p> <p>Receipt Number: _____</p> <p>Date: _____</p> <p>Gaming Licence number: _____</p>
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DETAILS OF APPLICANT.

1. Name of applicant:.....
 2. Address of applicant:.....
 3. Nationality of Applicant:.....
 4. Residency Expires:.....
 5. Date of birth of the applicant:.....
 6. Business Constitution Type:.....
(Sole Trader, Partnership, Limited Company, Estate/Trust, Club or Other etc...)
- 6.1 Partnerships must provide a copy of the Partnership Agreement
- 6.2 Companies must provide company's register of shareholders and its annual statements
7. Business or Trading Name:.....
Is this name registered with the Registrar of Business Name?

YES	NO
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(Delete as appropriate)

Department of Customs and Inland Revenue

Taxpayer Services

Private Mail Bag 9012, Port Vila, Vanuatu

Telephone: (678) 33090 / 33091 or VoIP 2317

Email: irtps@vanuatu.gov.vu

Website: <https://customsinlandrevenue.gov.vu>



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SERVICE DE LA DOUANE ET DES
CONTRIBUTIONS INDIRECTES

8. Provide the full name, address, nationality and date of birth of each of the beneficial owners, controllers, directors and managers of the entity seeking a gaming license.

8.1 Complete a Personal Information Form for each beneficial owner, owner, controller, director and manager.

8.2 Disclose (if any) beneficial owners are beneficial owners or controllers of another regulated entity in Vanuatu or in a foreign country.

9. Provide details of the source of funds used to pay the capital of the business on an attachment page.

DETAILS OF PREMISES TO BE USED FOR GAMING.

10. Name and postal address:.....

11. Description:Business License No:.....
(Hotel, Night Club etc.)

12. If a vessel, description of vessel :

Length overall.....

Name of vessel.....

Owners name.....

DESCRIPTION OF MACHINES.

13. Provide a summary of Gaming Machines to be operated including the name, type/model, serial number, denomination and the number of machines.

OWNERSHIP/PROFITS

13.1 Name of owner(s) of machine:
.....
.....

13.2 How and to whom the gaming revenue/profits will be distributed?
.....
.....

13.3 Provide Payout percentage (%) of each machine.
.....
.....
.....

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LICENCE PERIOD

14. Date Gaming operation commenced if later than 1st January last.....
15. Period for which Licence(s) required:.....

HOTELS

16. No. of rooms:.....
17. Max No. of guests:.....
18. Approx restaurant seating capacity:.....

CLUBS

19. Enclose:
- 19.1 Memorandum of Association
 - 19.2 Articles of Association
 - 19.3 Constitution/Club rules
 - 19.4 Copy of the latest Financial Statements
20. Is the club registered with the Registrar of Companies YES / NO.....?
21. Which Financial Statements have been submitted to the Registrar of Companies?
.....
.....
.....
.....
22. Provide details of how club's surpluses are utilised.
.....
.....
.....
.....
23. What community, social, educational, sporting activities or facilities are provided by the Club?
.....
.....
- 23.1 Do you hold a liquor licence? YES / NO if yes, provide LICENCE NO.....
 - 23.2 Do you submit Tax Returns to Inland Revenue? YES / NO.....

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VESSELS

- 24. Provide the vessel's usual mooring place:.....
- 25. Provide a list of the vessel's normal destination(s).
- 26. No. of crew....., Max. NO. Of Passengers, No of berths.....
- 27. Registration date of the ship.....Registration No.....
- 28. Coastal trading licence no.....Date of issue.....

FIRE PRECAUTIONS

- 29. What fire precautions and escape paths are available to or provided in the gaming room(s) or premises?
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.....
.....

DECLARATION

I HAVE READ THE GAMING (CONTROL) ACT. NO. 23 OF 1983 AN AMENDMENT ACT NO. 47 OF 1989 AND UNDERTAKE TO ABIDE BY THE PROVISIONS CONTAINED THEREIN.

I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION PROVIDED ON THIS APPLICATION FORM IS TRUE AND CORRECT.

APPLICANT NAME (PRINT):

APPLICANT'S SIGNATURE:

STATUS:

DATE:

WARNING

YOUR ATTENTION IS DRAWN TO PARAGRAPHS 6(1) AND 6(2) LICENCE TO BE DISPLAYED – AND PARAGRAPHS 9(1) AND 9(2) – “OFFENCE” – OF THE GAMING (CONTROL) ACT NO. 23 OF 1983 AND THE POSSIBLE FINES WHICH CAN BE IMPOSED BY THE COURT ON PERSONS FOUND GUILTY OF SUCH OFFENCE.