

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>



V A N U A T U

CUSTOMS & INLAND REVENUE

SERVICE DE LA DOUANE ET DES

CONTRIBUTIONS INDIRECTES

Application for an Interactive Gaming Licence

(Interactive Gaming Act No 16 Of 2000)

To Be Sent To:

**DIRECTOR OF CUSTOMS AND INLAND
REVENUE
PRIVATE MAIL BAG 9012
PORT VILA
VANUATU**

Tel: (678) 33010

Fax: (678) 22597

FOR OFFICIAL USE

Date Received: ____/____/____

Approved/Refused by
Director: _____

Date: _____

Amount of Licence Fee Paid:
VT _____

Receipt Number: _____

Date: _____

Interactive Gaming Licence No _____

DETAILS OF APPLICANT.

1. Name of applicant:.....
2. Address:.....
3. Telephone:....., E-mail:.....
4. Status of Applicant:.....
(Proprietor, Manager, Secretary, Director etc...)
5. Nationality of Applicant:....., Passport No:.....
6. Date of Birth of the Applicant:.....
7. Business Constitution Type:.....
(Sole Trader, Partnership, Limited Company, Estate/Trust, Club or Other etc...)
- 7.1 Partnerships must provide a copy of the Partnership Agreement
- 7.2 Companies must provide company's register of shareholders and its annual statements
8. Business or Trading Name:.....

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9. Is this name registered with the Registrar of Business Name?

YES NO

(Delete as appropriate)

10. Registration number:....., Expiry Date:.....

11. List any other jurisdictions in which Business Entity is registered or seeking interactive gaming or betting registration.

12. Has the Business Entity ever applied for and been refused registration in any matter or a licence or certificate including a gaming and betting license, in any jurisdiction?

YES NO

(Delete as appropriate)

If yes, please give details on an attachment page.

13. Has the Business Entity ever had any license revoked, including Interactive Gaming?

YES NO

(Delete as appropriate)

If yes, please give details on an attachment page.

14. Has the Business Entity ever been convicted of a betting, Gaming, Casino, Customs or Tax Offence Either in Vanuatu or in an Overseas Country?

YES NO

(Delete as appropriate)

If yes, please attach statement giving full particulars of offence, conviction date, location and penalty imposed.

15. Provide License Certificate or Registration Number(s) or other documents for jurisdiction(s) in which Business Entity is registered.

16. Address of the Registered Office.

.....
.....

17. Address of principal place of business (if different from registered address).

.....
.....

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18. Mailing address (*if different from registered address*).

.....
.....

19. Telephone:....., E-mail address:.....

20. Is the Business Entity a member of the International Gaming Council or any other International Gaming or Betting Association or any other gaming associations?

YES	NO
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(Delete as appropriate)

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

22. Provide the full name, address, nationality and date of birth of each of the beneficial owners, controllers, directors and managers of the entity seeking an interactive gaming license?

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

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

23. This application must include:

23.1 A completed "Company Probity Form" (if applicable) in respect of the applicant

23.2 Prescribed fee

23.3 A copy of your Business Plan.

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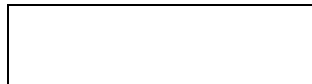
DECLARATION (if applicable):

In the case of a Company/Body Corporate, I/we certify that I/we am/are duly authorised to make the application on behalf of the Company/Body Corporate.

Executed under the common seal of.....

(If applicable)

(Name of Company/Body Corporate)



(Company Seal)

Signature:

Name:

(Please Print)

Applicant Name

Applicants Signature

Date:

In the presence of:.....

(Signature of Witness)

Name of Witness:.....

Address of Witness:.....