

Authorization for Online Gambling License Application Representation and Portal Login Account

Send the completed form to egl-applications@gcb.cw

Applicant Company Name: _____

*(*The applicant company must be based in Curaçao)*

Applicant Company Registration Number: _____

_____ (from _____ with
registration number _____ incorporated in _____)
henceforth referred to as the “Representative,” has been officially designated by
_____ henceforth referred to as the “Applicant” to act on our behalf in all
matters related to the application for an online gambling license and/or recognition of a sub-license.

The Representative shall use the following email address for all matters related to the application
_____. This email address shall be considered the
Single Point of Contact for all matters related to the Applicant. The Applicant and the Representative
acknowledge that the email address belongs to the Applicant for the scope of this authorization and
the Applicant is granting the Representative its right of use for the application and/or recognition
only. For the avoidance of doubt once the license is granted such Representation will cease.

This authorization is effective immediately and shall remain effective until a letter of termination is
issued by the Applicant to the Gaming Control Board, and which termination the Gaming Control
Board is satisfied has been made by a person or legal entity with due legal authority to do so.

Scope of Authorization

The Representative is granted authority to represent the company on the following matters:

[tick all boxes where the Representative is being granted authority.]

Application Portal Representation:

- ☐ Access to the Online Portal: The Representative is authorized to use the above mentioned email address as the sole access to the Applicant's online portal account.
- ☐ Submission and retrieval of documents: The Representative is authorized to submit, retrieve, receive, and acknowledge any documents, forms, or notifications related to the gambling license application on behalf of the Applicant through the online portal.
- ☐ Engage in dialogue: The Representative is authorized to engage in dialogue, communicate, and correspond with any regulatory bodies, officials, or third parties pertinent to the application process either through the online portal or other means of communication.

Decision Making Representation:

- ☐ Attend meetings: The Representative is authorized to attend meetings, conferences, or hearings related to the application, representing the Applicant in all such contexts.
- ☐ Decision making: The Authorized Representative is empowered to make decisions regarding the application process, including selecting options, choosing preferences, and confirming details relevant to the application.

Furthermore:

- ☐ Conflict of Interest: The Applicant is aware of any conflict of interest that the Representative may have with regards to other applications with the GCB.
- ☐ Due Diligence: It is understood by the Applicant and the Representative that the GCB has the right to carry out a background check on the Representative for suitability and the right to refuse his application without the need to give reason. The GCB will notify the Applicant if it deems the Representative to be unsuitable to enable it to terminate the Representative's appointment and appoint a replacement.

(Only digital Signatures are acceptable.)

Representative
Signature:



Name:

Title:

Date:

Ultimate Beneficiary Owners

[All Qualifying UBOs are those owning more than 10% of the company or those who are settlors or substantial beneficiaries of any trust owning the company. All such UBOs must sign or an executive with power to bind the company in case of a publicly traded company only.]



Signature: _____

Name: _____

Share Title: _____% of Company

Email: _____

Contact Number: _____

Date: _____

Signature: _____

Name: _____

Share Title: _____% of Company

Email: _____

Contact Number: _____

Date: _____

Signature: _____

Name: _____

Share Title: _____% of Company

Email: _____

Contact Number: _____

Date: _____