



REQUEST TO TRANSFER

CLIENT PROVIDER AUTHORIZATION

As per section 19B of Part III
of the *Regulations concerning Interactive Gaming*

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

Date of Submission: 16/09/2025

Name of Licensee: FAMAGOUSTA B.V

Name of Proposed Recipient (the "Transferee"): 3-102-941348 SOCIEDAD DE RESPONSABILIDAD LIMITADA

Proposed Date of Transfer: 19/09/2025

Licensee Contact Information

Name: ALEXANDROS CHARALAMBIDIS

Mailing Address: _____

SCHOUT BIJ NACHT DOORMANWEG 40, DAMACOR, P.O Box 4745, Curacao

Telephone (Office): +599 9 515 8422

Telephone (Mobile): 0035796885326

Email: COMPLIANCE@FAMAGOUSTABV.COM

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Transferee Contact Information

Name: ALEXANDROS CHARALAMBIDIS

Mailing Address:

PROVINCE 01 SAN JOSE, COUNTY 15 MONTES DE OCA, DISTRICT ONE SAN PEDRO, LOS YOSSES, COSTA RICA

Telephone (Office): n/a

Telephone (Mobile): 0035796885326

Email: COMPLIANCE@WHITEPEARLINTL.COM

Describe the reason for the transfer (add more pages, as necessary):

FOLLOWING THE NOTICE WE RECEIVED FROM YOU, INFORMING US THAT CORPORATE ENTITIES

INCORPORATED IN CURACAO AND HOLDING A CLIENT PROVIDER AUTHORIZATION (CPA) WITH THE

KAHNAWAKE GAMING COMMISSION (THE COMMISSION) MAY BE REQUIRED TO UNDERTAKE CERTAIN

RESTRUCTURING MEASURES TO MAINTAIN THEIR CPA, WE HAVE DECIDED TO TRANSFER OUR LICENSE TO

A NEW ENTITY THAT IS NOT INCORPORATED IN CURACAO.

Describe the relationship between the Licensee and Transferee (provide an organizational chart and add more pages, as necessary). **Note** that transfers to unrelated entities will generally not be approved; an unrelated entity should submit an application for a new Client Provider Authorization rather than receiving an existing license via a transfer:

THERE IS NO RELATION BTW THIS TWO ENTITIES. THEY HAVE ONLY THE SAME SHAREHOLDER AND UBO.

3-102-941348 SOCIEDAD DE RESPONSABILIDAD LIMITADA, IS A NEWERLY INCORPORATED COMPANY IN ORDER

TO TRANSFER OUR KAHNAWAQUE LICENSE.

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Identify **all** shareholders and beneficial owners (including % of ownership interest), directors and Key Persons proposed by the Transferee:

UBO : ALEXANDROS CHARALAMBIDIS, 100 %

SHAREHOLDER : FODENMACKO TRADING CO. LIMITED 99 %, ALEXANDROS CHARALAMBIDIS 1%

DIRECTOR : ALEXANDROS CHARALAMBIDIS

List any documents or other materials attached to this request, **including** a Business Entity Form for the Transferee, and a Personal Information Form for all beneficial owners holding a 10% or more interest in the Transferee, directors and Key Persons of the Transferee who are not existing beneficial owners, directors or Key Persons of the Licensee, and Key Person License applications for any new Key Person. **Note:** the Commission can request such additional information and forms as it deems appropriate.

Corporate Register

Articles of Incorporation

Certificate of Incumbency

Passport of Director and UBO

Utility bill of Director and UBO

Business Structure

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UNDERTAKINGS AND ACKNOWLEDGEMENTS

I, the Licensee, understand that this form represents a request by the Licensee to the Kahnawake Gaming Commission to transfer a Client Provider Authorization, and that approval of such request is in the sole discretion of the Commission. I understand that the Licensee must be in good standing, with no outstanding fees payable to the Commission, before a transfer will be considered. I further understand and agree that the Licensee will be responsible for all costs incurred by the Commission in reviewing and processing this request, whether the request is approved or not, and that such payment may be required prior to release of a decision.

I understand that further information regarding the Transferee, its beneficial owner(s) and any Key Persons may be required by the Commission in its sole discretion.

On behalf of the Licensee, in the event of a failure or delay in payment by the Transferee that has not been remedied within a reasonable time period as determined by the Commission in its sole discretion, I undertake to guarantee and promise to pay all player payments of the Transferee that become due or payable within six months following the date that the transfer is approved.

On behalf of the Licensee, in the event of a failure or delay in payment by the Transferee that has not been remedied within a reasonable time period as determined by the Commission in its sole discretion, I undertake to guarantee and promise to pay all fees due to the Commission by the Transferee that become due or payable within six months following the date that the transfer is approved.

Signature: _____ 

Name: _____ ALEXANDROS CHARALAMBIDIS

Title: _____ UBO/ DIRECTOR

I have authority to bind the Licensee