



Personal History Disclosure Short Form

This application form must be personally completed and digitally signed by all persons having a qualifying holding in the applicant Company and all persons that can be considered as a Key Person of the applicant company.

All questions must be answered in full. Yes/No questions left blank will be interpreted as "No". All other questions must be answered. If a question is not applicable, indicate "N/A"; otherwise, the form will be considered incomplete.

Application Number:
Follow instructions on the portal to obtain a personal application number.

CGA/2025/2300/1251

Original Application Number:
If you have already been a licensee, enter your original PAN.

QPA/2024/00328

Date of Application:

21-Mar-2025

1. First Name(s):
Enter all first names in English.

Norine Josefa Erodita

2. Last Name(s):
Enter all last names in English.

Clifton

3. Personal Email Address

norine.clifton@morganite-cs.com

Contact Details

4. Email Address:

norine.clifton@morganite-cs.com

5. Mobile Number:
Include country prefix

Key Person Involvement

6. Involvements with the applicant company:
Select all that apply

☐

UBO (Ultimate Beneficial Owner)

☐

Compliance Officer

☐

Director

☒

Local Executive Director (Official Representative)

If this Director is acting on behalf of a local service provider then answer question below

Name of local service provider:

Morganite Corporate Services B.V.

☐

Other Key Function Holder:
Such as CEO, CFO, COO, CTO, etc.

7. Are you involved as a key person in other gaming licenses currently operating in Curaçao?

☐

Yes
If yes then answer section 26.1 below:

7.1. List all licenses:
Use a comma separated list



Source of Wealth

Only to be completed if the person is an Uitimate Beneficial Owner (UBO) of the applicant company

	Currency	Amount
8. What is your annual income? <i>Use a single currency in ISO-4217 format such as USD, EUR, GBP, etc.</i>		
9. What is your estimated net worth? <i>Use a single currency in ISO-4217 format such as USD, EUR, GBP, etc.</i>		
10. What is the Applicant's source of wealth, or how was it generated <i>Select all that Apply</i> <i>The applicant may be asked to provide evidence of any SOW.</i>	☐	10.1. Savings from Employment Income.
	☐	10.2. Other Professional Income (including self-employed income)
	☐	10.3. Income from Dividends
	☐	10.4. Inheritance/Donations/Gifts
	☐	10.5. Income from Investments
	☐	10.6. Sale of Property
	☐	10.7. Income from rents or leases
	☐	10.8. Pensions/Life Annuity
	☐	10.9. Sale of Businesses/Capital Assets
	☐	10.10. Virtual Assets
	☐	10.11. Other Income :
11. Do you have any loans, claims, suits for damages, freezing orders, claims for damages or any other pending matter which may diminish the SOW declared	☐	Yes
		11.1. If yes, then provide details, such as amount and nature of liability(ies)



Declaration and Data Privacy

I, Norine Josefa Erodita Clifton, as the person identified in this Application, declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application.

I hereby authorize the Curacao Gaming Authority to conduct a complete investigation using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Curacao Gaming Authority to provide any and all such information deemed necessary by the Curacao Gaming Authority. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization on behalf of the applicant, a background record check may be performed. On behalf of the applicant, I authorize any banking, financial institution, judicial, or enforcement agency to surrender to the Curacao Gaming Authority a complete and accurate records, including, but not limited to internal banking memoranda, past and present loan applications, financial statements and any other documents relating to business financial records in whatever form and wherever located.

The Curacao Gaming Authority reserves the right to investigate all relevant data and facts to their satisfaction. I understand that the Curacao Gaming Authority may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. I, hereby release, waive, discharge and agree not to hold liable the Curacao Gaming Authority for the receipt and use of such data, other than for unlawful processing of such information, acquired during investigations and inquiries. I hereby authorize the lawful use, disclosure or publication of this data.

I understand that by signing this authorization, I am giving my explicit consent to the Curacao Gaming Authority to collect and process personal data, including sensitive personal data which relates to the data subject.

I confirm that I have read the privacy statement of the Curacao Gaming Authority with regards to personal data.

Applicant Signature:

A handwritten signature in black ink, appearing to read 'Norine Clifton', is shown within a white rectangular box.

NorineClifton

03/25/2025

SAVE FORM

EXPORT FORM