

Supplier License Application Form

This application form must be signed by an official representative of the applicant for a supplier license (Applies for B2B business models).

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:

For Official Use

Date of Application:

1. Brand Name:

The name given to the products or services under the gaming license.

2. Company Name:

Enter company name as registered with the Chamber of Commerce of Curaçao.

3. Type of business model:

Select all that apply:

☐

3.1. Direct supply of Games (Game Manufacturer)

Game developer that supplies games directly to either B2C or B2B

☐

3.2. Game Distributor

Acquiring games from game manufacturers to supply B2C

4. Type of Games Offered:

Select all that apply:

☐

4.1. Games of Chance (RNG-based games)

Enter the total number of games including variants.*

☐

4.2. Betting (including live betting and virtual-sports betting)

☐

4.3. Live Dealer games

Enter the total number of games including variants.*

☐

4.4. Pooled-prize games (such as lotteries and parimutuel)

☐

4.5. Promoting peer-to-peer games (such as sport-exchange, bingo and poker)

☐

4.6. Provably fair games

Enter the total number of games including variants.*

☐

4.7. Binary options

☐

4.8. Sweepstakes

☐

4.9. Other:

* The total number of games must be for the games that will be added to the Curaçao Game Registry only at the time of application.

Game Currencies

Currencies used for game play.

5. List the fiat currencies used in the applicant's games and for financial transactions:

Leave blank if none are used. Enter currencies in a comma separated list using the ISO 4217 standard for each currency (such as USD, EUR, GBP).

6. List the virtual currencies used in the applicant's games and for financial transactions:

Leave blank if none are used. Enter currencies in a comma separated list using the three/four letter acronym industry standard for each currency (such as BTC, ETH, USDT).

Information Management & Controls

7. List all the countries where the servers are located:

Use a comma separated list

8. Does the platform include Player Account Management and Funds Management besides games?

☐

Yes

9. Is the platform used for Player Account Management and funds management approved or licensed?

☐

Yes

- 9.1. List all jurisdictions where platform has been approved or licensed:

Games Offered

10. What are the game delivery channels:

Select all that apply.

☐

Web-browser

☐

Mobile App

☐

Social Media Platforms

11. Are these games certified?

☐

Yes

- 11.1. List jurisdictions where games are certified:

Use a comma separated list.

12. Does the applicant offer network wide jackpots with pooled liquidity?

☐

Yes

- 12.1. Are jackpot funds kept in a segregated bank account?

☐

Yes

- 12.2. List all jurisdictions where the jackpots are offered:

Use a comma separated list.

Contact Information

13. Full name of the contact person

Enter first names and last names separately.

Claire

Godschalk Olmtak

14. Relationship with applicant company:

Indicate all those that apply (e.g. UBO, Director, Official Representative, etc.)

Official Representative

15. Passport Number:

NT33DJJ16

16. Country of Issue:

Curaçao

17. Contact Address

18. Email address:

VtronVentureCorpBV@lgagroup.com

Declaration and Data Privacy

I, Claire Godschalk Olmtak, as the official representative of the applicant, declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application.

I declare, in accordance with Article 2.2.(f) of the National Ordinance on Games of Change (LOK) that the applicant or, any person involved in policy decisions concerning the applicant is not, and has not, been associated with another operation whose Gaming License has been suspended or revoked.

I hereby authorize the Curacao Gaming Authority to communicate with the Contact Person indicated in Clause 12, on my behalf, for all or any communications relating to the information contained in this form.

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

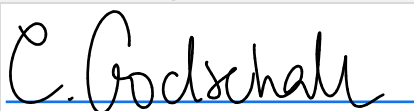
I understand that by signing this authorization on behalf of the applicant, a background record check may be performed on the applicant. On behalf of the applicant, I authorize any banking, financial institution, judicial, or enforcement agency to surrender to the Curaçao Gaming Authority complete and 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 Curaçao Gaming Authority reserves the right to investigate all relevant data and facts to their satisfaction. I understand that the Curaçao Gaming Authority may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. I, on behalf of the Applicant, hereby release, waive, discharge and agree not to hold liable the Curaçao 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 Curaçao 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 Curaçao Gaming Authority with regards to personal data.

Official Representative signature:


IGA Trust BV (Apr 16, 2025 00:10 GMT+1)

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Final Audit Report

2025-04-15

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 Signer claire@igatrust.com entered name at signing as IGA Trust BV

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 Agreement completed.

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