

Personal History Disclosure 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.

If you are already an approved person by the Authority, please use the abbreviated version of this form.

Application Number:		CGA/2025/2		Date of Application:		21-05-2025	
Follow instructions on the portal to obtain a personal application number.		CGA/2025/2574/1294					
1. First Name(s):	Amanda						
Enter all first names in English.							
2. Last Name(s):	Klok						
Enter all last names in English.							
3. Full Name in Native Alphabet:	N/A						
If your name is written differently on your personal Identification documents.							
4. Aliases:	N/A						
Any other names by which you are known.							
5. Gender:	☒ Female						
	☐ Male						
6. Date of Birth:	10-Dec-1987						
7. Former First Names:	N/A						
If you change your name. Enter any previous names you had that were used in official documents							
7.1. Enter year of Change:	N/A						
8. Former Last Names:	N/A						
If you change your last name. Enter any previous last names you had that were used in official documents							
8.1. Enter year of Change:	N/A						
9. Father or First Guardian Full Name	Rein Klok						
10. Mother or Second Guardian Full Name	Amy Raymond						
11. Civil Status:	☒ Single ☐ Married ☐ Other:						
Select One	☐ Divorced ☐ Cohabitation						
12. Personal Email Address	klok.amanda@hotmail.com						

Contact Details

13. Email Address: amanda.klok@allyant-group.com

14. Mobile Number: +59995299860
Include country prefix

Citizenship

15. Place of Birth: Curacao

16. Passport Number: NMR9C5HH8

17. Country of issue of Passport: NLD

18. Date of Issue: 28-Aug-2024

19. Date of Expiry: 28-Aug-2034

20. Nationality/Citizenship: NLD

21. Do you hold other Nationalities?

☐

Yes

If Yes answer below:

21.1. List countries where you hold other nationalities

N/A

22. Do you hold more than one passport?

☐

Yes

If Yes answer below:

22.1. List all passports

Passport Number:

Country of Issue:

N/A

Residence

23. List all addresses where the applicant has lived for more then six months in the past 8 years in chronological order, starting with present residence

Current residence is mandatory.

From Date (mm/yyyy)	House Number, Apt, Block and Street Name	Town/City/Locality	Country
	Fensohnstraat 17	Willemstad	Curacao

ADD RESIDENCES

Politically Exposed Person (PEP)

A politically exposed person means a natural person who is or who was entrusted with prominent public positions and/or functions, but does not include middle ranking or more junior officials.

Natural persons, currently or previously entrusted with a prominent public function include:

- Head of state, heads of government, ministers and deputy or assistant ministers;
- Members of parliament or of similar legislative bodies;
- Members of the governing bodies of political parties;
- Members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decision of which are not subject to further appeal, except in exceptional circumstances;
- Members of courts of auditors or of the boards of central banks;
- Ambassadors, chargés d'affaires and high-ranking officers in the armed forces;
- Members of the administrative, management or supervisory bodies of State-owned enterprises;
- Directors, deputy directors and members of the board or equivalent function of an international organization.

Natural persons considered family members of politically exposed persons by way of their close relations:

- The spouse, or a person considered to be equivalent to a spouse;
- The children and their spouses, or persons considered to be equivalent to a spouse;
- The parents of a politically exposed person.

Natural persons known to be close associates with politically exposed persons include:

- Any natural persons who are known to have joint beneficial ownership of legal entities or legal arrangements.
- Any other close business relations, with a politically exposed person and natural persons who have sole beneficial ownership of a legal entity.
- Any person holding a legal arrangement which is known to have been set up for the de facto benefit of a politically exposed person.

Persons Involved with Sports Organizations

Natural persons involved with sports organizations:

- An athlete, who participates, singularly or as part of a team, in sports competitions on which there is sports betting.
- Owner or part owner of a professional sports team that participates in regional, national or international games
- Coach or manager of a sports team that participates in regional, national or international games.
- Associated with an organization that sponsors sports teams.
- An elected official, including referees, umpires and sports judges of games played in regional, national or international games.
- An elected official of national and international sports organizations.

24. Politically Exposed Person (PEP) or person involved with a sports organization:

Or if you were in such a position in the last 5 years

☐

Yes

If yes then answer below:

24.1. Position held:

N/A

24.2. City and/or Country where position is held.

If position is within an international organization then enter the name of the organization

N/A

24.3. Date when started in this position:

N/A

24.4. Date when this position ended

Leave blank if you are still in this position

N/A

25. Family member of a Politically Exposed Person (PEP):

Or if you were in such a position in the last 5 years

☐

Yes

If yes then answer below:

25.1. Full Name of Person:

N/A

25.2. Position held:

N/A

25.3. City and/or Country where position is held.

If position is within an international organization then enter the name of the organization

N/A

25.4. Date when started in this position:

N/A

25.5. Date when this position ended

Leave blank if you are still in this position

N/A

26. Associate of a Politically Exposed Person (PEP) or person:

Or if you were in such a position in the last 5 years

☐

Yes

If yes then answer below:

26.1. Full Name of Person:

N/A

26.2. Position held:

N/A

26.3. City and/or Country where position is held.

If position is within an international organization then enter the name of the organization

N/A

26.4. Date when started in this position:

N/A

26.5. Date when this position ended

Leave blank if you are still in this position

N/A

Key Person Involvement

27. 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:

Allyant Group

☐

Other Key Function Holder:

Such as CEO, CFO, COO, CTO, etc.

28. Are you a vulnerable person as defined in Article 1.1h of the LOK?

☐

Yes

28.1. If yes, state which sub-clause(s):

N/A

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

☐

Yes

If yes then answer section 26.1 below:

29.1. List all licenses:

Use a comma separated list

N/A

30. Are you involved as a key person in other gaming licenses in other jurisdictions?

☐

Yes

If yes then answer section 27.1 below:

30.1. List all licenses by jurisdiction and respective license numbers:

Jurisdiction

License Numbers

N/A

N/A

31. Have you or a company you are or were involved in ever had a gaming license application rejected, or a gaming license revoked or suspended in Curaçao or any other jurisdiction?

☐

Yes

31.1. List all jurisdictions where you have been rejected or revoked a license:

Jurisdiction

Company Name

N/A

N/A

Arrests, Detentions and Litigation

32. Have you ever been investigated, charged, arrested, summoned, or convicted for an offence, regardless of the disposition, in any jurisdiction?

☐

Yes

If Yes is ticked, please provide details on an attachment sheet and provide references to the investigations and convictions in the Attachment section. List all cases without exception:

32.1. Offence History

Nature of Offence	City/Province, State, Country	Date of Offence	Result of Judgement or other dispute
N/A			

33. Are you aware of any adverse media/remarks pertaining to yourself on any website, news portal, or any other source?

☐

Yes

If Yes, provide details and attach any relevant documents in the Attachment section, if required.

N/A

Present Employment

34. Are you self-Employed:

Also applies if you own or co-own a company that you work with.

☐ Yes

35. Employer's Name:

If you are self Employed then enter your company name.

Allyant Group

36. Date of start of Employment:

September 2024 month/year

37. Place of Employment:

Enter full Address

Scharlooweg 39

38. Job Title:

If self-employed enter the nature of your job

Compliance Officer

39. Description of Duties:

xx

Other Positions Held

40. List all positions you currently hold or held in the last five years in other entities from which you derived an income:

Start Date month/year	End Date month/year	Position held	Company Name	Address	Gaming Company?
N/A					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

Declaration and Data Privacy

I, Amanda Klok, 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:



SAVE FORM

EXPORT FORM

Enclosures

The following documents are to be enclosed with this form:

1. Original or Certified True Copy of Birth Certificate *
2. Original or Certified True Copy of Passport and or an identification document that is officially issues by a state.
3. Original or certified true copy of a recent police conduct and/or conviction sheet receipt must be submitted for every jurisdiction whereby the applicant resided for more than six months in the last two years
4. Certified true copies of any Gaming License issued in favor of the applicant in a personal capacity from any jurisdiction such as a UK personal Management License.
5. Original or certified true copy of a credit institution/bank reference or bank statement (issued within six (6) months of the date of filing of this application).
6. Original or certified true copy of a utility bill or bank statement showing the applicant's current address or any document verifying residential address.
7. Letter of Appointment / Engagement agreement as Key Person.
8. Declaration and evidence of Source of Wealth of Shareholders/UBO.

Certification of Documents:

Where documents are to be certified as true copies, certifications need be made by embassy officials, legal or accountancy professionals, entities/persons undertaking a relevant financial business or equivalent activities in reputable jurisdictions, or by any other person who is empowered to certify documents within the customer's jurisdiction.

The certifier must make a written statement in the English language confirming that the document is a true copy of the original document and that he/she has seen and verified the original document. Furthermore, the certified true copy must be dated and must include the full name, designation and contact details of the certifier.

Should the certification be on a separate page to the original document, the certifier needs to include a reference to the document being certified.

If a specific document has been downloaded from an official site (such as utility bill, bank statement), applicants can either submit proof that the document has been downloaded from the official site - i.e. screenshot showing both the document and the URL confirming the official site or alternatively, a certifier may certify that the document is a true download from the site (specify the URL), or a true copy of the original version downloaded in front of me.

If the document is composed of more than one page the certifier can either:

- certify each page individually; or
- certify the top of the first page and add a statement detailing the number of pages of the original documentation seen.

Translations of Documents:

When document translations are provided to the Authority, they must be certified translations confirming that the document is a true translation from the original language, and must include the full name, signature and contact details of the translator.

Title	PHD Form Amanda New Origin
File name	Personal_History_...0325_49__copy.pdf
Document ID	beeaeda0ebb99816437c633204fcf2aba62d1395
Audit trail date format	MM / DD / YYYY
Status	● Signed

Document History



05 / 28 / 2025
16:58:30 UTC

Sent for signature to Amanda Klok
(amanda.klok@allyant-group.com) from
gala.serre@allyant-group.com
IP: 190.13.122.21



05 / 28 / 2025
17:57:37 UTC

Viewed by Amanda Klok (amanda.klok@allyant-group.com)
IP: 190.13.122.21



05 / 28 / 2025
17:57:48 UTC

Signed by Amanda Klok (amanda.klok@allyant-group.com)
IP: 190.13.122.21



COMPLETED

05 / 28 / 2025
17:57:48 UTC

The document has been completed.