

STICHTING GAMING CONTROL BOARD

APPLICATION NUMBER: OGL/2024/580/0570
COMPANY NAME: Carletta N.V.
COMPANY NUMBER: 142346

BUSINESS MODEL: Performs player management and fund management for an operation owned by the applicant (B2C operator)

APPLICANT HISTORY: Existing Operation under an agreement with an existing Curaçao license holder (name): Antillephone
Review conducted by and date: D. Francisco 18 May 2024
Second review conducted by and date:
Approved by and date:

CHECKLIST OGL APPLICATION PROCESS



FORMS CHECKLIST		IF NOT ACTIONS (Set Application to "HOLD")	Checked	REMARKS
ONLINE GAMING APPLICATION FORM				
The application must be similar to the one attached in the appendix and must contain the same number of pages. Inspect all pages to ensure that there are no blank pages and visually the application is similar to the one in the Appendix.		The Online gaming application form is not the official form supplied by GCB. Kindly download the appropriate form, refill and resubmit.	√	
3. PAGE 1: APPLICATION NUMBER Make sure that this is filled and the same as that shown on the portal		The application number of the Online gaming application form is missing or has an incorrect application number. Kindly resubmit the form with the correct application number.	√	
4. PAGE 1: APPLICATION DATE The application date must be filled and within six month's of today's date.		The application date is missing or has an incorrect application date. Kindly resubmit the form with the correct application date.	√	
6. PAGE 1: QUESTION 2 The Company Name must be filled.		The company name is missing. Kindly fill in Question 2 and resubmit the form.	√	
8. PAGE 1: QUESTION 3 The Primary URL must be filled with internet site such as www.xyz.com		The primary URL in Question 3 is missing. Kindly fill Question 3 and resubmit the form.	√	
9. PAGE 1: QUESTION 4 A business model must be selected.		The business model in Question 4 is missing. Kindly select a business model in Question 4 and resubmit the form.	√	
11. PAGE 1: QUESTION 5 If 5.6 is selected then the Other field must be filled.		The response to Question 5.6 is missing. Kindly fill details of the gaming activity in Question 5.6 and resubmit the form.	√	
13. PAGE 3: QUESTION 17 At least one option must be selected.		Question 17 is not filled out. Kindly select one or more details and resubmit the form.	√	
14. PAGE 3: QUESTION 17 If Outsourced from a third party is selected then 17.1 must be filled		Question 17.1 is missing details. Kindly fill Question 17.1 and resubmit the form.	N/A	
15. PAGE 3: QUESTION 19 At least one option has to be selected.		The response to Question 19 is missing. Kindly fill Question 19 and resubmit the form.	√	

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ONLINE GAMING APPLICATION FORM				
16. PAGE 3: QUESTION 19 If Third party service provider is selected then 19.1 must be filled		The response to Question 19.1 is missing. Kindly fill Question 19.1 and resubmit the form.	N/A	
18. PAGE 6: QUESTION 34 The full name of the contact person must be filled.		The contact name details in Question 34 is missing. Kindly fill and resubmit the form.	√	
19. PAGE 6: QUESTION 34 The name of the contact person must be the same as the portal.		In the Online gaming application form has a different contact person than that of the portal user. Kindly change to the appointed contact person and resubmit the form or contact the GCB for changes in the contact person.	√	
20. PAGE 6: QUESTION 35 At least one item must be selected		Question 35 is missing a response. Kindly select at least one item from Question 35 and resubmit the form.	√	
21. PAGE 6: QUESTION 36 The contact person passport number is required.		The passport number of the contact person is missing. Kindly fill the passport number in Question 36 and resubmit the form.	√	
22. PAGE 6: QUESTION 37 The contact person passport country of issue is required.		Question 37 is missing a response. Kindly fill Question 37 and resubmit the form.	√	
23. PAGE 6: QUESTION 38 The contact person contact address is required in full: STREET NAME, BUILDING NUMBER, CITY/TOWN, STATE/COUNTY/PROVINCE COUNTRY ZIP CODE/POST CODE		The Online gaming application form is missing or has an incomplete contact address in Question 38. Kindly complete Question 38 and resubmit the form.	√	
24. PAGE 6: QUESTION 39 The email address is required.		The email address is missing in Question 39. Kindly fill Question 39 and resubmit the form.	√	
25. PAGE 6: QUESTION 39 The email address must be the same as that of the portal user.		The has a different contact person email address in Question 39 from that of the portal user. Kindly change the email address and resubmit the form or contact the GCB for changes in the contact email.	X	The email adress on the form differ from that of the portal

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ONLINE GAMING APPLICATION FORM				
PAGE 7: DECLARATION AND DATA PRIVACY The name of the contact person must be on the form		The Online gaming application form must have the Declaration and data privacy on page 7 named by the contact person. Kindly fill the Declaration and resubmit the Form.	√	
BUSINESS AND CORPORATE INFORMATION FORM (ENCLOSURES)				
1.2.1.1 A company structure diagram	Make sure that this document is not blank.	The enclosed document, company structure diagram is missing details of [...]. Kindly sign and resubmit.	√	
1.2.1.2 Share ledger of the applicant company including companies holding 10% or more shareholding in the applicant company.	Make sure that this document is not blank.	The enclosed document, Share ledger of the applicant company is missing [...]. Kindly resubmit.	√	
1.2.1.3 Directors list for the applicant company including companies holding 10% or more shareholding in the applicant company.	Make sure that this document is not blank.	The enclosed document, Director List of the applicant company is incomplete. Kindly resubmit.	√	
1.2.1.4 Articles of Incorporation of the Applicant Company including companies holding 10% or more shareholding in the applicant company	Make sure that the Articles of Incorporation of the Applicant Company are complete and are the same ones available at the Chamber of Commerce.	The enclosed document, Articles of Incorporation of the Applicant Company is incomplete or missing details. Kindly resubmit.	√	
1.2.1.5 A Business Plan with a three year forecast.	Make sure that this document is not blank.	The Business Plan was not uploaded. Kindly resubmit.	√	
BUSINESS AND CORPORATE INFORMATION FORM				
1 The application must be similar to the one attached in the appendix and must contain the same number of pages. Inspect all pages to ensure that there are no blank pages and visually the application is similar to the one in the Appendix.		The provided business and corporate information form is not the official form supplied by GCB. Kindly download the appropriate form, refill and resubmit.	√	

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APPLICATION NUMBER:

COMPANY NAME:

COMPANY NUMBER:

BUSINESS MODEL:

APPLICANT HISTORY:

Review conducted by and date:

Second review conducted by and date:

Approved by and date:

OGI/2024/580/0570

Carletta N.V.

142346

Performs player management and fund management for an operation owned by the applicant (B2C operator)

Existing Operation under an agreement with an existing

Curaçao license holder (name): Antillephone

D. Francisco 18 May 2024

CHECKLIST OGL APPLICATION PROCESS



FORMS CHECKLIST		IF NOT ACTIONS (Set Application to "HOLD")	Checked	REMARKS
ONLINE GAMING APPLICATION FORM				
3 PAGE 1: APPLICATION NUMBER Make sure that this is filled and the same as that shown on the portal		The application number of the Business and corporate application form is missing or has an incorrect application number. Kindly resubmit the form with the correct application number.	√	
6 PAGE 1: QUESTION 2 The Company Registered Name field must be filled.		The Business and corporate information form is missing the response to Question 2. Kindly fill Question 2 and resubmit the form.	√	
14 PAGE 1: QUESTION 7 One option must be selected.		A response to Question 7 is missing. Please select an option and resubmit the form.	√	
18 PAGE 2: QUESTION 8 One option must be selected.		The response to Question is missing. Please select an option in Question 8 and resubmit the form.	√	
21 PAGE 2: QUESTION 9 One option must be selected.		Question 9 is not filled out. Please select an option in Question 9 and resubmit the form.	√	
22 PAGE 2: QUESTION 9 If option 9.4 is selected, then a brief description must be completed.		Question 9.4 is not filled. Please provide a brief description of how the business is being funded and resubmit the form.	N/A	

STICHTING GAMING CONTROL BOARD

Personal History Disclosure CHECKLIST

REPEAT THIS SECTION FOR EVERY PERSON

PERSON NAME :

Valentina Nedelco

APPLICATION NUMBER:

QPA/2024/00536

Review conducted by and date:

D.Francisco 18 May 2024

Second review conducted by and date:

Approved by and date:



STEP	IF NOT ACTIONS	CHECKED	REMARKS
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Personal History Disclosure Form (ENCLOSURES)

1.3.1.2 Original or Certified True Copy of Passport and or an identification document that is officially issued by a state.	Make sure that this document is not blank.	The enclosed Passport document is not clear or invalid. Kindly resubmit	√	
	Check date and make sure the passport is not expired	The enclosed passport document is expired expired. Kindly resubmit a valid passport.	√	
	Make sure that persons photo is clear and recognizable	The enclosed passport document is not clear. Kindly resubmit another copy with a clear picture.	√	
1.3.1.5 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).	Make sure that this document is not blank.	The enclosed document, reference document is incomplete. Kindly resubmit.	√	
	Check date and make sure the date is within the last six months.	The enclosed reference document is expired. Kindly resubmit a valid reference letter or bank statement.	√	
1.3.1.6 Original or certified true copy of a utility bill or bank statement showing the applicant's current address or any document verifying residential address .	Make sure that this document is not blank or incomplete.	The enclosed proof of address is not clear. Kindly resubmit a proof of address or bank statement.	√	
	Check date and make sure the date is within the last six months.	The enclosed proof of address document is expired. Kindly resubmit a recent proof of address document or bank statement.	√	
1.1.1.1 Declaration and evidence of Source of Funds/Source of Wealth of Shareholders/ UBO (Optional for UBO and if new person)	Make sure that this document is not blank.	The Declaration and evidence of Source of Funds/Source of Wealth of Shareholders/UBO was not provided. Kindly resubmit.	√	

Personal History Disclosure Form

1 The application must be similar to the one attached in the appendix and must contain the same number of pages. Inspect all pages to ensure that there are no blank pages and visually the application is similar to the one in the Appendix.		The Personal History Disclosure form is not the official form supplied by GCB. Kindly download the appropriate form, refill and resubmit.	√	
3 PAGE 1: APPLICATION NUMBER Make sure that this is filled and the same as that shown on the portal		The personal application number is missing or has an incorrect application number. Kindly resubmit the forms with the correct application number.	√	
Page 1: Question 1 First Name Cannot be blank		The first name of the applicant is missing. Kindly resubmit the forms with the correct name.	√	

STICHTING GAMING CONTROL BOARD

Personal History Disclosure CHECKLIST

REPEAT THIS SECTION FOR EVERY PERSON

PERSON NAME :

Valentina Nedelco

APPLICATION NUMBER:

QPA/2024/00536

Review conducted by and date:

D.Francisco 18 May 2024

Second review conducted by and date:

Approved by and date:



STEP	IF NOT ACTIONS	CHECKED	REMARKS
Personal History Disclosure Form (ENCLOSURES)			
Page 1: Question 2 Last Name Cannot be blank	The last name of the applicant is missing. Kindly resubmit the forms with the correct name.	√	
PAGE 1: QUESTION 6 Date of Birth cannot be blank	The Date of birth (DOB) of the applicant is missing. Kindly resubmit the forms with the correct DoB.	√	
Page 1: Question 6 Date of Birth must be the same as on passport.	The DOB is incorrect. Kindly resubmit the forms with the correct DoB.	√	
PAGE 2: QUESTION 12 Email Address must not be blank.	The response to Question 12 is missing. Kindly complete Question 12 and resubmit the form.	√	
PAGE 2: QUESTION 14 Place of Birth must not be blank.	The response to Question 14 is missing. Kindly complete Question 14 and resubmit the form.	√	
PAGE 2: QUESTION 15 Personal Identification Document must not be blank.	The response to Question 15 is missing. Kindly complete Question 15 and resubmit the form.	√	
PAGE 2: QUESTION 19 Personal identification Number must not be blank.	The response to Question 19 is missing. Kindly complete Question 19 and resubmit the form.	√	
PAGE 5: QUESTION 25 Involvements with the Applicant company must not be blank.	The response to Question 25 is missing. Kindly complete Question 25 and resubmit the form.	√	
PAGE 9 The name must not be blank.	The response to the Data Privacy Form is. Kindly complete Question 19 and resubmit the form.	√	
PAGE 9 Make Sure that the application has the name of the person on the form	The Personal History Disclosure Form has the wrong person on the Declaration and Data Privacy Form. The form must be completed by the person submitting the form. Kindly resubmit with the correct information.	√	

STICHTING GAMING CONTROL BOARD

Personal History Disclosure CHECKLIST

REPEAT THIS SECTION FOR EVERY PERSON

PERSON NAME : Valentina Nedelco
APPLICATION NUMBER: QPA/2024/00536
Review conducted by and date: D.Francisco 18 May 2024
Second review conducted by and date:
Approved by and date:



STEP	IF NOT ACTIONS	CHECKED	REMARKS
Personal History Disclosure Form (ENCLOSURES)			

STICHTING GAMING CONTROL BOARD

Personal History Disclosure CHECKLIST

REPEAT THIS SECTION FOR EVERY PERSON

PERSON NAME :

Vivian Ersilia

APPLICATION NUMBER:

QPA/2024/01524

Review conducted by and date:

D.Francisco 18 May 2024

Second review conducted by and date:

Approved by and date:



STEP	IF NOT ACTIONS	CHECKED	REMARKS
Personal History Disclosure Form (ENCLOSURES)			
1.3.1.2 Original or Certified True Copy of Passport and or an identification document that is officially issued by a state.	Make sure that this document is not blank.	The enclosed Passport document is not clear or invalid. Kindly resubmit	√
	Check date and make sure the passport is not expired	The enclosed passport document is expired expired. Kindly resubmit a valid passport.	√
	Make sure that persons photo is clear and recognizable	The enclosed passport document is not clear. Kindly resubmit another copy with a clear picture.	√
1.3.1.5 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).	Make sure that this document is not blank.	The enclosed document, reference document is incomplete. Kindly resubmit.	√
	Check date and make sure the date is within the last six months.	The enclosed reference document is expired. Kindly resubmit a valid reference letter or bank statement.	√
1.3.1.6 Original or certified true copy of a utility bill or bank statement showing the applicant's current address or any document verifying residential address .	Make sure that this document is not blank or incomplete.	The enclosed proof of address is not clear. Kindly resubmit a proof of address or bank statement.	√
	Check date and make sure the date is within the last six months.	The enclosed proof of address document is expired. Kindly resubmit a recent proof of address document or bank statement.	√
1.1.1.1 Declaration and evidence of Source of Funds/Source of Wealth of Shareholders/ UBO (Optional for UBO and if new person)	Make sure that this document is not blank.	The Declaration and evidence of Source of Funds/Source of Wealth of Shareholders/UBO was not provided. Kindly resubmit.	√
Personal History Disclosure Form			
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3 PAGE 1: APPLICATION NUMBER Make sure that this is filled and the same as that shown on the portal		The personal application number is missing or has an incorrect application number. Kindly resubmit the forms with the correct application number.	√
Page 1: Question 1 First Name Cannot be blank		The first name of the applicant is missing. Kindly resubmit the forms with the correct name.	√
Page 1: Question 2 Last Name Cannot be blank		The last name of the applicant is missing. Kindly resubmit the forms with the correct name.	√
PAGE 1: QUESTION 6 Date of Birth cannot be blank		The Date of birth (DOB) of the applicant is missing. Kindly resubmit the forms with the correct DoB.	√
Page 1: Question 6 Date of Birth must be the same as on passport.		The DOB is incorrect. Kindly resubmit the forms with the correct DoB.	√
PAGE 2: QUESTION 12 Email Address must not be blank.		The response to Question 12 is missing. Kindly complete Question 12 and resubmit the form.	√
PAGE 2: QUESTION 14 Place of Birth must not be blank.		The response to Question 14 is missing. Kindly complete Question 14 and resubmit the form.	√
PAGE 2: QUESTION 15 Personal Identification Document must not be blank.		The response to Question 15 is missing. Kindly complete Question 15 and resubmit the form.	√
PAGE 2: QUESTION 19 Personal identification Number must not be blank.		The response to Question 19 is missing. Kindly complete Question 19 and resubmit the form.	√
PAGE 5: QUESTION 25 Involvements with the Applicant company must not be blank.		The response to Question 25 is missing. Kindly complete Question 25 and resubmit the form.	√

PAGE 9 The name must not be blank.		The response to the Data Privacy Form is. Kindly complete Question 19 and resubmit the form.	√	
PAGE 9 Make Sure that the application has the name of the person on the form		The Personal History Disclosure Form has the wrong person on the Declaration and Data Privacy Form. The form must be completed by the person submitting the form. Kindly resubmit with the correct information.	√	

APPLICANT NAME: Carletta N.V.
Review conducted by and date: D.Francisco 18 May 2024
Second review conducted by and date
Approved by and date
Ticket number:

DRAFT TICKET:

Dear applicant,

With reference to your application of Carletta N.V., with application number OGL/2024/580/0570, we inform you as follows:

Online gaming application form

Page 6 question 39: The form has a different contact person email address from that of the portal user. Kindly change the email address and resubmit the form.

REMARKS

APPLICANT NAME:

(REMARKS TEXT BODY)