



OYO STATE GAMING LICENSE APPLICATION FORM.

GAMING CATEGORY

DD/MM/YYYY

Please read the following instructions before completing this form

All relevant sections should be filled in **CAPITAL LETTERS** except when signing or providing an email address.

If there are any changes to your circumstances upon the grant of a license, or if any information contained within this form changes during the period between submitting your application and your application being determined, you must notify the Board within fourteen (14) days of its occurrence. Failure to comply would within this period will result to your application being deferred or disqualified or could result to suspension or revocation of your license.

Evidence of payment of registration/processing fee must be provided upon submission of this form with all supporting documents.

Misrepresentation or supply of false information to the Board is a ground for disqualification of license application under Section 16 (3) Oyo State Gaming Law 2018.

Please tick, which applies LOTTO/LOTTERY SPORT BETTING CASINO (A) CASINO (B) POOLS BETTING GAMING MACHINE OTHERS Note: Casino A -Hotels, Casino B-Stand Alone Casino SECTION 1: Applicant's Details i. Please provide the name of the applicant applying for the license (the applicant must be a duly registered company in Nigeria): ii. Trading name (if different from above): iii. Registered Address:

1

v. Registration number
v. Negistration number
vi. Share capital
vii. Phone number (s)
viii. Email address
ix. Has the applicant ever been known by another name (e.g. aliases, previous names and organisation name changes etc.)?
Yes (if Yes, please fill the following details) No (if no, please move to the next question)
Previous name
From (MM/YYYY): To: (MM/YYYY)
x. Has the applicant previously applied for a license with the Board?
Yes No (if yes, please fill the following detail, if no, please move to the next question)
Date of application
DD/MM/YYYY
Category of license previously applied for
xi. Does the applicant, its directors (or any company in which the director acts as a director or shareholder) or organizations connected with it currently hold, previously held or have any application pending for a gaming licens with the Board? Yes No
(If yes, please complete the following details, if no, move to the next question)
Name of person or entity that holds/previously held/applied for the license
Operator name in which the license is held/previously held/applied for
Date of issue/application
DD/MM/YYYY

organizations connected with the applicant currently hold, previously held or have any application pending for gaming license outside Oyo State?
Yes No (If yes, please complete the details below, if no, move to the next question)
Name in which the license is/was or will be held:
Name of issuing body:
Type of license held:
License number:
State/Country:
Date of issue:
DD/MM/YYYY
Data of owning
Date of expiry
DD/MM/YYYY
Reason license is no longer held
xiii. How long has the applicant been in operation?
xiv. Is the applicant, any of its directors or management personnel affiliated with a political party?
Yes No (if yes, please give details below, use continuation sheet if necessary)
xv. Is the applicant being funded by a political party or political office holder?
Yes No (if yes, please give details below, use continuation sheet if necessary)

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Date of offence
DD/MM/YYYY
Details of the offence including penalty and/or sentence issued and location of convicting court. Use a continuation sheet if necessary.
Is the applicant, its directors, or any of its management personnel subject to a pending investigation by a statutory or regulatory body?
Yes (please complete the following details) No please move to the next question
Name of investigating body
Please provide details of the circumstances surrounding the investigation.
SECTION 5: Other Information
Please provide details of any other information you believe the Board would reasonably expect notice of or you would like to be taken into account when considering this application.

SECTION 6: Contact Details

Please provide the following contact details you want the Board to correspond with about this application. Please note that ALL correspondence and licenses relating to this application will be addressed to this person. The contact address provided in this section **MUST** be in Oyo State.

Title: Chief/Dr. /Mr. /Miss/Mrs. (strike out inappropriate option) Name (Surname First Name Other Names): Position: Office Address: Mobile number: Work number: **Email Address SECTION 7: Declaration** The following declaration must be signed by one director and the company secretary or 2 directors. We understand that any misrepresentation or failure to reveal information or grant any authorization requested or failure to notify the Board of change of circumstances contained in this form within the stipulated period may be deemed to be sufficient cause for the refusal, suspension or revocation of a license. We certify to the best of our knowledge that the information given in this application is complete and correct in every respect and that all material information has been included. We agree to notify the Board should any of the information given in this application change. i. Title: Mr/Miss/Mrs. (strike out inappropriate option) Name (Surname/First Name/Other Names): Position in the company: Signature & Date: _____ ii. Title: Mr/Miss/Mrs. (strike out inappropriate option) Name (Surname/First Name/Other Names): Position in the company:

Signature & Date:

PLEASE NOTE that your application will not be processed unless all relevant sections in this form have been completed and the registration/processing fee has been paid in full.

All supporting documents must be attached to this application as failure to do so will result in your application being delayed or determined based on the information we have available which may affect the decision on whether a license can be granted.

The Board requires a minimum of 10-14 working days to conduct due diligence exercise on every application and the applicant will be required to make a presentation to the Board