

# GAMBLING COMMISSION

## **The Fourth National Lottery Licence Competition (4NLC) Fit and Proper Checks**

Pursuant to the National Lottery etc. Act 1993 (“the Act”), the Gambling Commission has overriding statutory duties to ensure that the National Lottery is run with all due propriety, and that the interests of all participants are protected as well as a duty to be satisfied that the operator of the National Lottery is a fit and proper person to run it. Part of the assessment of this is to confirm that certain categories of person who benefit from, or are involved in the management or activities of, the Lottery, referred to as Persons Needing to Be Checked, are fit and proper.

This **Individual Declaration Form for Critical Function Employees and Transition Staff** will be used during the Fourth National Lottery Licence Competition to enable the Commission to conduct individual Fit and Proper Checks on prospective Critical Function Employees and Transition Staff. Where any new persons are identified during the Implementation Period who would have been required to complete this Declaration during the Competition, such persons will also be required to complete and submit this Individual Declaration Form for the purposes of undergoing Fit and Proper Checks.

It is the responsibility of the Applicant to identify the Persons Needing to Be Checked, including Critical Function Employees and Transition Staff, in line with the definitions set out in Information for Applicants note and ensure that an Individual Declaration Form is submitted for each of these persons.

If at any time during the Competition, Implementation Period or Term of the Licence there are any material changes to the information provided in response to this Declaration, you must advise the Commission and Applicant/Incoming Licensee/Licensee as soon as you become aware of the change.

This form includes the following sections that must be completed in full by Critical Function Employees and Transition Staff:

- A. Individual Declaration for Critical Function Employees and Transition Staff
- B. Response
- C. Treatment of information
- D. Declaration
- E. Form of authority and waiver.

A photocopy or electronic version of these forms, where submitted to the Gambling Commission, will be considered as valid as the original.

## A. INDIVIDUAL DECLARATION FOR CRITICAL FUNCTION EMPLOYEES AND TRANSITION STAFF

This Declaration should be filled out by Critical Function Employees and Transition Staff. The name of the Proposed Licensee and, if different, the Relevant Company that the individual is connected with should be indicated below.

<b>The Proposed Licensee</b> (Name of Company)	
<b>The Declarant</b> (Individual's Name)	
<b>The Relevant Company</b> (where different to the Proposed Licensee)	

### Notes for Individual Declaration:

1. Information for Applicant's on Fit and Proper Checks is available to be read alongside this form. Please see Appendix 1 of that document for an explanation of the terms used in this form.
2. The Applicant is responsible for submitting organisational charts setting out the Persons Needing to Be Checked to the Commission alongside the Declaration Forms.
3. The individual Critical Function Employees and Transition Staff who are required to submit this Individual Declaration include those related to the Proposed Licensee as well as companies who are Persons Needing to Be Checked.
4. Information provided in the Individual Declaration should be consistent with the information submitted with the Applicant's response to the Selection Questionnaire. The Commission should be informed if this information is no longer valid.
5. Any reference to a legal requirement, documents or processes in this Corporate Declaration form includes a reference to analogous legal requirements, processes or documents under the law of another country, where applicable.
6. Where a positive response is given to any section full details must be given.

## Guidance on proof of identity

An Identity Verification form must be submitted by the Applicant alongside this Declaration.

The Identity Verification form must be completed by an 'Identity Verification Signatory', this being an authorised representative of either:

- the Applicant, or
- the corporate entity that you are connected in your capacity as a proposed Lottery Beneficiary or Lottery Supervisor

The Identity Verification Signatory must be capable of providing assurance that proof of identity documents are valid. For example, the Identity Verification Signatory may be a member of your HR department who is experienced in checking right to work documents.

You must provide the Identity Verification Signatory with the required information to complete the Identity Verification form. You must send the Identity Verification Signatory valid, current and original documentation in line with the guidance on the [Gov.uk](https://www.gov.uk) website.<sup>1</sup> Please note that you must try to provide documents from Route 1 first.

The Commission may, at any time during the Competition, Implementation Period or Licence Term, require you to provide either originals or copies of the identity documents referenced in the form below.

When criminal record checks are carried out the DBS disclosure certificate is sent to the individual. The original of the Certificate must be sent to the Commission as soon as possible at [4nlvetting@gamblingcommission.gov.uk](mailto:4nlvetting@gamblingcommission.gov.uk), any delay in sending the certificate will delay the process.

Disclosure Scotland will send Certificates to both the applicant and the registered body who applied.

## Guidance for individuals who have lived abroad (outside of the United Kingdom) in the past 5 years

7. Persons who have lived abroad in the past 5 years are required to apply to the relevant body for a 'certificate of good conduct' or equivalent. Upon receipt of the 'certificate of good conduct' the individual should attach it to their completed declaration.
8. Details of how to obtain such a certificate are available on GOV.UK (<https://www.gov.uk/government/publications/criminal-records-checks-for-overseas-applicants>). If the country concerned is not listed, please contact the relevant embassy or consulate for further details.

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<sup>1</sup> ID checking guidelines for standard/enhanced DBS check applications from 3 September 2018, <<https://www.gov.uk/government/publications/dbs-identity-checking-guidelines/id-checking-guidelines-for-dbs-check-applications-from-3-september-2018#three-routes-of-id-checking>>

## B. RESPONSE

Please answer the following questions and where required state YES or NO, or mark N/A if not applicable.

### 1. Personal Information

1.1		
a.	Declarant's full name:	
	Surname	
	Forenames	
b.	Previous surnames if applicable	
	Date changed	
c.	Previous forenames if applicable	
	Date changed	
d.	Date of birth (dd/mm/yyyy)	
e.	Place of Birth	
	Town	
	County/region	
	Country	
1.2		
a.	Declarant's nationality	
	Previous nationality if applicable	
	Date changed	
	Country of residence	

1.3	Your current address(es)	
a.	Your address(es)	
	1 <sup>st</sup> line 2 <sup>nd</sup> line Town Post/area code	
	Country	
	From (mm/yyyy)	
b.	Other private address(es) in the last five years (starting with most recent)	
	1 <sup>st</sup> line 2 <sup>nd</sup> line Town Post/area code	
	Country	
	From (mm/yyyy)	
	To (mm/yyyy)	
	1 <sup>st</sup> line 2 <sup>nd</sup> line Town Post/area code	
	Country	
	From (mm/yyyy)	
	To (mm/yyyy)	
	1 <sup>st</sup> line 2 <sup>nd</sup> line Town Post/area code	
	Country	
	From	

	(mm/yyyy)	
	To (mm/yyyy)	
	1 <sup>st</sup> line 2 <sup>nd</sup> line Town Post/area code	
	Country	
	From (mm/yyyy)	
	To (mm/yyyy)	
1.4		
	National Insurance number	
	Your tax district	
	Your tax reference number	

Note: Declarants are advised that contact will be made with and information sought from HM Revenue and Customs only so far as is necessary to provide assurance to the Gambling Commission that answers to questions in this Declaration are true. No other information about the Declarant's personal tax affairs will be sought.

## 2. Declarant's Role

2.1	Please indicate whether you will be a Critical Function Employee or Transition Staff and supply the job title for the role you are being checked for	
a.	Critical Function Employee	
	Transition Staff	
b.	Title	

### 3. Criminal Convictions or Cautions

#### Guidance notes on Section 3:

Applicants for gaming and lottery licences living in England or Wales are subject to enhanced Disclosure and Barring Service (DBS) (see [Gov.uk](http://Gov.uk) for further information). Applicants for gaming and lottery licences living in Scotland will be subject to Enhanced Disclosure Scotland checks (see <https://www.mygov.scot/enhanced-disclosure/>)

An enhanced check shows all convictions, cautions, reprimands and final warnings, even if they're spent. It also shows any information held by the police that they think is relevant.

**WARNING: When answering the questions below, you must tell us about all convictions, cautions, reprimands, final warnings or other relevant information. If you tell us something which is not relevant, we will not take it into account. If you are unsure whether a conviction is relevant, you should contact the Commission at: [4nlvetting@gamblingcommission.gov.uk](mailto:4nlvetting@gamblingcommission.gov.uk)**

**The Commission will carry out independent checks and compare the results with what you say. If you do not tell us something when you should have, the Commission is likely to decide that you cannot carry out your role for the National Lottery.**

3.1	Having read the guidance notes on Section 3 (above), do you have any unspent convictions or cautions to declare (issued in the UK or elsewhere)?	
	Tell us about any of the conviction(s) or caution(s). Please continue on a separate sheet if necessary.	
	Please indicate as applicable	YES/NO
	Conviction or Caution 1	
	The Court:	
	Reason for the conviction or caution:	

	Sentence or penalty imposed:	
	Date of conviction (This may be earlier than the date when the sentence was passed down):	
	Conviction or Caution 2	
	The Court:	
	Reason for the conviction or caution:	
	Sentence or penalty imposed:	
	Date of conviction (This may be earlier than the date when the sentence was passed down):	
	Conviction or Caution 3	



	The Court:	
	Reason for the conviction or caution:	
	Sentence or penalty imposed:	
	Date of conviction (This may be earlier than the date when the sentence was passed down):	
3.2	<p><b>If you have lived outside the UK in the past 5 years, you are required to apply to the relevant body for a 'certificate of good conduct' or equivalent.</b></p> <p>Please confirm that you have attached the 'certificate of good conduct' to your Declaration, if applicable.</p>	
	Please indicate as applicable	YES / NO / NOT APPLICABLE

#### 4. Good Reputation of the Declarant

4.1	Do you hold a licence in any other jurisdiction and has any investigation or regulatory action commenced? If so, please provide full details below.	
	Please indicate as applicable	YES/NO

## **C. TREATMENT OF INFORMATION**

The Gambling Commission is a data controller under the terms of the Data Protection Act 2018. The information provided in this Declaration will be processed for the purpose necessary for the Gambling Commission to carry out its functions and meet its legal obligations. The data may be shared with third parties who fulfil a service on behalf of, and under the express instructions of, the Gambling Commission. It may also be shared with other bodies where it is necessary to do so and where we are legally required or permitted to do so. This may include sharing data, when appropriate, with relevant public authorities, overseas regulators, law enforcement agencies. Sharing data is primarily for the purpose of performing our regulatory functions such as assessing individuals' suitability to be licensed but it may also be necessary to share information for other reasons, such as the prevention and detection of crime or for the collection of tax and gaming duty.

Any information or material sent to us and which we record may be subject to the Freedom of Information Act 2000. The Gambling Commission's policy on release of information is available on our website; more information can also be found in the 'Applicant Note – Freedom of Information', published in the VDR on August 20th, see document reference 1.13.6. The Gambling Commission would not normally expect that the disclosure of commercially sensitive information would be in the public interest.

Should the information provided in relation to this Declaration cease to be correct, or if there are any changes in the information provided after the date the Declaration was submitted, it is your responsibility to advise the Gambling Commission immediately. Failure to do so could result in any licence subsequently issued being reviewed and possibly revoked.

The Gambling Commission may require confirmation or further information from third parties in respect of any evidence or documentation I/we have provided in support of this Declaration.

#### D. DECLARATION

I agree to grant authorisation for the Gambling Commission to request and receive information about me/us from third parties.

I certify to the best of my knowledge that the information given in this Declaration is complete and correct in every respect and that all material information has been included.

I agree to notify the Gambling Commission should any of the information given in this Declaration change.

I certify that all documentation provided is either original or a true copy.

Print name	
Signature	
Signed on behalf of	
Date	

Please ensure that you also complete and sign the Form or Authority and Waiver overleaf.

## **E. FORM OF AUTHORITY AND WAIVER**

To: The Gambling Commission and to whomsoever else it may concern

I/We hereby authorise the Gambling Commission, its officers or agents to undertake enquiries and request, receive and obtain any and all information, including copies of any record, documentation or opinion whether in written, electronic or any other form, that the Gambling Commission may require when considering my/our suitability either as an Applicant for the Fourth National Lottery Licence or as a Person Needing to Be Checked.

I hereby authorise and consent to the disclosure by or on behalf of any government or governmental, quasi-governmental, supra-national, statutory or regulatory body in any court, trade agency, professional association or any other like person or body in any jurisdiction (including, for avoidance of doubt, and without prejudice to the generality of the foregoing, any person or body described or mentioned below) to the Gambling Commission or any person duly authorised by it of any information which any such government or other body as aforesaid may have concerning me or my affairs (whether public, business or private).

The persons or bodies referred to above may include:

- Any United Kingdom government department or agency;
- The United Kingdom HM Revenue and Customs and any taxation authority of any other country;
- Any part of the armed forces or the security services of the United Kingdom or any other country;
- Any police force or authority in the United Kingdom or elsewhere;
- Any authority or body responsible for the regulation or operation of any lottery promoted in any jurisdiction;
- The Disclosure and Barring Service;
- The Crown Prosecution Service;
- The Serious Fraud Office;
- Official receivers;
- Any local authority;
- Open source checks;
- The Insolvency Service;
- London Stock Exchange Plc;
- The Bank of England;

- The Financial Conduct Authority.

I confirm that I shall have no claim against any such person who makes any such disclosure to the Gambling Commission or any person so authorised by it, whether in respect of any breach of confidence or statutory or other duties whatsoever or for defamation or any analogous right in any jurisdiction, whether or not any person acted negligently or reasonably in obtaining or disclosing it or had committed any breach of any duty (statutory or otherwise) in obtaining or retaining any such information. I hereby irrevocably waive any such claims which I might otherwise have against the Gambling Commission or any other person.

The Terms of the Authority and Waiver shall be incapable of revocation by me at any time.

EXECUTED and DELIVERED as a DEED

By:

Print name	
Signature	
Date	

In presence of:

Witness name (print)	
Witness signature	
Witness address	
Date	

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