

# 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 Lottery Beneficiaries and Lottery Supervisors** is for Fit and Proper Checks related to 4NLC.

It is the responsibility of the Applicant to identify the Persons Needing to Be Checked, including Lottery Beneficiaries and Lottery Supervisors, 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 Lottery Beneficiaries and Lottery Supervisors:

- A. Individual Declaration for Lottery Beneficiaries and Lottery Supervisors
- 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 LOTTERY BENEFICIARIES AND LOTTERY SUPERVISORS

This Declaration should be filled out by Lottery Beneficiaries and Lottery Supervisors. The name of the Proposed Licensee and, if different, the Relevant Company that the individual is connected with (for example, a company which is a Lottery Beneficiary or a Key Subcontractor of which you are a Lottery Supervisor) 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 Applicants 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 this Declaration Form.
3. The individual Lottery Beneficiaries and Lottery Supervisors 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 are 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.

You may be asked to complete a criminal records (DBS or Disclosure Scotland) check.

When criminal record checks are carried out the DBS disclosure certificate is sent to the individual. Disclosure Scotland will send Certificates to both the applicant and the registered body who applied.

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.

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

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.

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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>>

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.

## 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	
b.	Previous nationality if applicable	
c.	Date changed	

d.	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)	
i.	1 <sup>st</sup> line 2 <sup>nd</sup> line Town Post/area code	
	Country	
	From (mm/yyyy)	
	To (mm/yyyy)	
ii.	1 <sup>st</sup> line 2 <sup>nd</sup> line Town Post/area code	
	Country	
	From (mm/yyyy)	
	To (mm/yyyy)	
iii.	1 <sup>st</sup> line 2 <sup>nd</sup> line	

	Town Post/area code	
	Country	
	From (mm/yyyy)	
	To (mm/yyyy)	
iv.	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 Employment and Directorship Details

2.1	Please supply a list of the names of your principal employers during the last five years and the dates during which you worked for them, together with a short description of each business and your job and your job title, in each case  <i>(Please add any extra information onto a separate sheet)</i>
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a.	Employer	
	From (mm/yyyy)	
	To (mm/yyyy)	
	Description	
	Reason for leaving	
b.	Employer	
	From (mm/yyyy)	
	To (mm/yyyy)	
	Description	
	Reason for leaving	
c.	Employer	



	From (mm/yyyy)	
	To (mm/yyyy)	
	Description	
	Reason for leaving	
2.2	If you have ever been dismissed, suspended or asked to leave your employment for any reason during your working career provide full details below	
2.3	Please state the names, nature of business and date of commencement (and if appropriate, termination) of the directorship of every company of which you are now or have within the last five years been a director  <i>(Please add any extra information onto a separate sheet)</i>	
2.4	Please give the full address of your current employer	
	1 <sup>st</sup> line 2 <sup>nd</sup> line Town Post/area code	
	Country	

**3. Declarant’s Position within Relevant Company and Experience Details**

3.1	Position to be checked for (e.g. Director of Operations, Head of Technology etc.)
3.2	Details of any position described in 3.1 please include description of areas of responsibility (including those related to Critical Functions) such as decision making, risk assessment, and management related responsibilities

**4. Good Reputation of the Declarant**

**Guidance Note on section 4:**

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. (eg Chapter 11 proceedings of the Bankruptcy code prescribed by the United States Supreme Court)

4.1	Has at any time during the last 5 years any company referred to in question 2.3 above, or any company of which you are now or at any time have been a shareholder (other than listed companies of whose shares you hold or have held less than 3 percent) been put into compulsory liquidation or had an administrator or administrative or other receiver appointed whilst you were a shareholder or a director or within six months of your ceasing to be a shareholder or director? If yes, please give details below	
	Please indicate as applicable	YES/NO

4.2	Has at any time during the last 5 years any firm in which you have held a partnership or proprietorship been wound up whilst you were a partner or held proprietorship or within one year of your ceasing to be a partner or proprietor? If yes, please give details below		
	<table border="1"> <tr> <td>Please indicate as applicable</td> <td>YES/NO</td> </tr> </table>	Please indicate as applicable	YES/NO
Please indicate as applicable	YES/NO		
4.3	For each of the companies/firms referred to in reply to questions 4.1 and 4.2 state the date of commencement of liquidation, administration or receivership and the amount involved together with an indication of the outcome or current position.  <i>(Please add any extra information onto a separate sheet)</i>		
	<table border="1"> <tr> <td>Please indicate if N/A</td> <td></td> </tr> </table>	Please indicate if N/A	
Please indicate if N/A			
4.4	Have you at any time during the last 5 years been a party to a deed of arrangement or any form of voluntary arrangement (as defined in Part VIII of the Insolvency Act 1986)? If yes, please give details below.		
	<table border="1"> <tr> <td>Please indicate as applicable</td> <td>YES/NO</td> </tr> </table>	Please indicate as applicable	YES/NO
Please indicate as applicable	YES/NO		
4.5	Have you been concerned with the management or conduct of the affairs as a director or otherwise of any company or partnership which has been at any time during your involvement or within six months of your ceasing to have such involvement:		

a.	Investigated by an inspector appointed under companies legislation, or other securities enactments or by any other regulatory body (otherwise than for routine investigations)? If yes, please give details below
	Please indicate as applicable YES/NO
b.	Required to produce books and papers to a Secretary of State (or equivalent in another jurisdiction)? If yes, please give details below
	Please indicate as applicable YES/NO
4.6	Have you or any company of which in the last five years you were a director ever paid any penalty or made any other payment to HM Revenue and Customs (or equivalent outside of the United Kingdom) to avoid a prosecution being referred? If yes, give details below
	Please indicate as applicable YES/NO
4.7	State whether you, personally, are currently engaged, or have been engaged in the previous 5 years in any litigation. If yes, give details below
	Please indicate as applicable YES/NO

4.8	State whether:
a.	You have ever been declared bankrupt or had your estate sequestered
	Please indicate as applicable YES/NO
b.	You are currently the subject of bankruptcy proceedings or proceedings for sequestration of your estate
	Please indicate as applicable YES/NO
c.	You are aware of any proceedings pending of the types referred to in a. & b.
	Please indicate as applicable YES/NO
	If so, state the court by which you were adjudged bankrupt and if discharged, the date and conditions on which you were granted your discharge
	Please indicate if N/A
4.9	State whether you have ever been dismissed or requested to resign or removed from any fiduciary office or position of trust, whether or not remunerated. If yes, give details below
	Please indicate as applicable YES/NO
4.10	State whether you have ever been disqualified from acting in the management or conduct or the affairs of any company, partnership or unincorporated association. If yes, give details below
	Please indicate as applicable YES/NO

4.11	State whether, in connection with the formation or management of any company, partnership or unincorporated association, you have been adjudged by a court to be civilly liable for any fraud, misfeasance, or wrongful trading or other misconduct by you towards such a body or towards any members or creditors of such a body. If yes, give details below				
	<table border="1"> <tr> <td>Please indicate as applicable</td> <td>YES/NO</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table>	Please indicate as applicable	YES/NO		
Please indicate as applicable	YES/NO				
4.12	Has a company of which you were a director at the time of the offence been convicted in the United Kingdom or elsewhere of any offence involving fraud or dishonesty or an offence under legislation (whether or not of the United Kingdom) relating to companies, building societies, credit unions, friendly societies, insurance, banking or other financial services, insolvency, consumer credit or consumer protection? <i>(If so state the court by which the company was convicted, the date of conviction and full particulars of the offence and penalty imposed.)</i> . If yes, give details below				
	<table border="1"> <tr> <td>Please indicate as applicable</td> <td>YES/NO</td> </tr> <tr> <td colspan="2" style="height: 100px;"></td> </tr> </table>	Please indicate as applicable	YES/NO		
Please indicate as applicable	YES/NO				
4.13	Are you currently or have you ever been the subject of				
a.	Any investigation by HM Revenue and Customs, Department for Work and Pensions (formerly the Department of Social Security), the Department of Trade and Industry or any other Government body?				
	<table border="1"> <tr> <td>Please indicate as applicable</td> <td>YES/NO</td> </tr> <tr> <td colspan="2" style="height: 30px;"></td> </tr> </table>	Please indicate as applicable	YES/NO		
Please indicate as applicable	YES/NO				

b.	Any censure or investigation by the London Stock Exchange or any self-regulating organisation or body recognised or designated under the Financial Services Act 1986 or by any other body (in the UK or elsewhere) in relation to your business or professional activities? If yes, give details below
	Please indicate as applicable YES/NO
4.14	Are you now or have ever been obliged to pay a fine or penalty imposed by reason of your conduct of your tax affairs, or that of any agent acting on your behalf? If yes, give details below
	Please indicate as applicable YES/NO
4.15	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

## 5. Criminal Convictions or Cautions

### Guidance notes on Section 5:

Applicants for gaming and lottery licences living in England or Wales are subject to enhanced Disclosure and Barring Service (DBS) (see [Gov.uk](https://www.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.**

5.1	<b>Having read the guidance notes on Section 5 (above), do you have any unspent convictions or cautions to declare (issued in the UK or elsewhere)?</b>	
	Tell us about any of the conviction(s) or caution(s). Please continue on a separate sheet if necessary.	
	<b>Please indicate as applicable</b>	<b>YES/NO</b>
	<b>Conviction or Caution 1</b>	
	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):	
	<b>Conviction or Caution 2</b>	
	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):	
	<b>Conviction or Caution 3</b>	

	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):	

<b>5.2</b>	<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

## **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 20<sup>th</sup>, 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/We 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 of 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	