



PERSONAL INFORMATION FORM

Anjouan Licensing Services Inc. — Confidential

PERSONAL DETAILS

1.

First Name

Middle Name

Surname

2. Current residential address:

No.

Street

City

Province / State

Postal / Zip Code

Country

-- Select Country --

3. Occupation:

Occupation

4. Contact Information:

Business Telephone

Home Telephone

Mobile Telephone

Email

5. Date of birth / Sex / Place of birth:

Date of Birth

Sex

Place of Birth

Province / State

City / District

Country

-- Select Country --

6. Social Security Number or equivalent:

SSN / Equivalent

7. Are you the holder of a current Driver's License?

☐ Yes

☐ No

If yes — Date and Place of Issue

License No.



MARITAL INFORMATION

8. Marital status (including any common-law relationship):

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Common-Law ☐ Other

If applicable, complete the following:

Date of Marriage

Place of Marriage — City

Country

Full Name of Spouse

Maiden Name of Spouse (if applicable)

Date of Birth of Spouse

Place of Birth of Spouse

9. Residential address of spouse (if other than your residence):

No.

Street

City

Province / State

Postal / Zip Code

Country

Spouse's Employer

Spouse's Occupation

EDUCATION / QUALIFICATIONS

10. Level of education attained:

☐ High School ☐ Diploma / Certificate ☐ Bachelor's
☐ Master's ☐ Doctorate ☐ Other

11. Name of last educational institution attended:

Institution Name

12. Memberships in professional bodies (past and present):

Professional Memberships



PASSPORT INFORMATION

13. Primary passport details:

Passport Number	Issuing Country	Date of Issue	Date of Expiry
	-- Select Country --		

14. Do you hold any additional passports (dual / multiple citizenship)?

☐ Yes ☐ No

If YES — complete below for each additional passport. Use the Attachment Page if more than two.

Country of Issue	Passport Number	Date of Issue	Date of Expiry	Citizenship
-- Select Country --				-- Select
-- Select Country --				-- Select

* Citizenship by: Birth / Naturalisation / Descent / Marriage / Investment / Other

BUSINESS AFFILIATIONS

15. Are you or have you ever been associated with the ownership, administration or management of, or held any financial interest in:

- Land-based gaming of any kind ☐ Yes ☐ No
- Online gaming of any kind ☐ Yes ☐ No
- Land-based or online sportsbook or bookmaking ☐ Yes ☐ No

If YES to any of the above — provide full details on the Attachment Page.

16. Have you ever been involved in any company that has been in liquidation, receivership or placed under administration?

☐ Yes ☐ No

If YES — provide details on the Attachment Page.

FINANCIAL DETAILS

17. Have you ever become bankrupt or been subject to a consumer proposal or other procedure under bankruptcy legislation?

☐ Yes ☐ No

If YES — Country / Countries

If YES — provide full details on the Attachment Page.



ATTACHMENT PAGE

Question Number Reference

Additional Details / Supporting Information

I declare that the information provided in this form is true, accurate and complete to the best of my knowledge.

Note: Only digital signatures are accepted. A wet-ink signature will not be considered valid.

Digital Signature

Date