

Republic of the Philippines
Zamboanga City Special Economic Zone Authority
Interactive Gaming Regulator - iGlobalPoint.com Corporation

KEY PERSONNEL LICENSE APPLICATION FORM

INSTRUCTIONS:

1. This Key Personnel License Application Form must be completed by each director, partner and chief executive officer of the Applicant, duly authorized key personnel, and shareholder with five (5%) percent or more ownership of or controlling interest in the Applicant.

2. Please type or print in BLOCK LETTERS an answer to every question.

3. If a question does not apply, state "N/A" in response to that question.

4. If there is nothing to disclose in reply to a particular question, state "nil" in response to that question.

5. If there is insufficient space on a printed form in which to answer a question, additional information may be provided on an attachment page.

6. When required to use an attachment page, precede each answer thereon with the title applicable to that question.

7. All dates should be completed in the form: Day/Month/Year.

8. This form is to be completed in the English language. Any documents required to be provided are to have a certified English translation attached to the original documents.

9. Failure to give true and correct answers to any questions in this form will be grounds for the Authority and the Regulator to refuse an application or revoke an Interactive Gaming License that has been granted on the basis of untrue or incorrect information.

10. Any further inquiries should be directed to the Regulator.

11. The completed form should be forwarded by registered mail or courier to:

iGlobalPoint.com Corporation
Regulator
Interactive Gaming in ZAMBOECOZONE
San Ramon, Zamboanga City 7000
Philippines

CERTIFICATION

I, _____, of legal age, with office address at _____, on oath, state that:

1. I am the _____ of the Applicant for Interactive Gaming License, namely _____.

2. I have personally completed and am responsible for providing the information contained in the Key Personnel License Application Form.

3. I certify that all the information contained in the Key Personnel License Application Form are true and correct in every detail.

IN WITNESS WHEREOF, I have hereunto signed this ___ day of _____, at _____.

(Right Thumb mark) _____ (Colored Photo) _____
Date: _____ (Name and Signature)

Signed in the Presence of:

(Name and Signature) (Name and Signature)

SUBSCRIBED AND SWORN to before me, a Notary Public in _____, this ___ day of _____, affiant having exhibited to me his _____, issued on _____, at _____.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.

AUTHORITY FOR RELEASE OF INFORMATION

I, _____, of legal age, with office address at _____, on oath, state that:

1. I am the _____ the Applicant for Interactive Gaming License, namely _____.

2. I acknowledge that the Interactive Gaming Rule and Regulations authorizes the Regulator to cause to be made investigations about me for the purposes of determining my suitability for the issuance of a Key Personnel License.

3. I hereby authorize the Regulator, or any person conducting any investigations or inquiries on behalf of the Regulator, to obtain any information and make any investigations or inquiries which relates to me that may be relevant and material to my Application for a Key Personnel License.

4. I hereby authorize the manager or other principal officer of any branch or office of a bank or Financial Institution in any jurisdiction to whom a copy of this Authority is presented to allow the Regulator, or any person conducting any investigations or inquiries on behalf of the Regulator, to inspect and obtain copies of, or to release any record, document or other information of any kind in written, electronic or any other form, which relates to me and is held by the bank or financial institution.

5. I hereby authorize any law enforcement agency or regulatory body in any jurisdiction to whom a copy of this Authority is presented to release to the Regulator, or any person conducting any investigations or inquiries on behalf of the Regulator, any information or official record of any kind in written, electronic or any other form, which relates to me and is held by such agency or body, including any information relating to the offenses committed by me.

6. I hereby undertake that I will at all times sufficiently indemnify the Regulator or its authorized representative and keep them indemnified against all liability in respect of the supply or publication of the information and against all actions, suits, proceedings, claims, demands, costs and expenses whatsoever which may be taken against the Regulator or its authorized representative or incurred or become payable in respect thereof.

IN WITNESS WHEREOF, I have hereunto signed this ____ day of _____, at _____.

Interactive Gaming Operator

By:

(Name and Signature of Representative)

(Right Thumb mark)

Date:

Signed in the Presence of:

(Name and Signature)

(Name and Signature)

SUBSCRIBED AND SWORN to before me, a Notary Public in _____, this ___ day of _____, affiant having exhibited to me his _____, issued on _____, at _____.

Doc. No. ____;
Page No. ____;
Book No. ____;
Series of ____.

All information provided by the Applicant to the Regulator will be held in the strictest confidence and will not be used by the Regulator for any purpose other than matters pertaining to the Application for a Key Personnel License.

PERSONAL INFORMATION

1. Full name: _____

2. Alias(es), nicknames, maiden name, other name changes, legal or otherwise, you have used or by which you have been known:

3. Present residential address(es):

4. Occupation: _____

5. Contact Information:

Home Nos: _____

Business Nos.: _____

Mobile Nos.: _____

Facsimile Nos.: _____

E-mail address: _____

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

6. Place of birth: _____

7. Physical description:

Height: _____ cms/ft.in.

Weight: _____ kgs/lbs.

Color of eyes: _____

Color of hair: _____

Complexion: _____

Scars, tattoos or other distinguishing marks: _____

8. What is your citizenship? _____

9. Social Insurance Number, Social Security Number or the equivalent for your jurisdiction: _____

10. Are you the holder of a current Driver's License? Yes/No? If yes, please attach a certified true copy of your driver's license which should include date and place of issue and expiration date.

License No.: _____
Date issued: _____
Place issued: _____
Expiration date: _____

MARITAL INFORMATION

11. What is your marital status, including any common-law relationship? (If applicable, complete the following):

Date of marriage: _____ / _____ / _____
Place of marriage: _____
Full name of spouse: _____
Maiden name of spouse (if applicable): _____
Date of birth of spouse: _____ / _____ / _____
Place of birth of spouse: _____

12. Residential address of spouse:

13. Spouse's current employer: _____

14. Spouse's occupation: _____

FAMILY PARTICULARS (Note: Details of deceased persons are also required)

15. Father's full name: _____
Date of birth: _____ / _____ / _____
Occupation: _____

16. Mother's full name: _____
Date of birth: _____ / _____ / _____
Occupation: _____

17. On an attachment page, please list all brothers and sisters. Please show respective relationships, full names, addresses, occupations, whenever applicable.

18. On an attachment page, please list all children, including step or adopted children. Please show respective relationships, full names, addresses, occupations, whenever applicable.

INFLUENCES, CONFLICTS OF INTEREST AND DISQUALIFIED PERSONS

19. Do you have any relative working or employed in the Philippine government or any of its agencies, bureaus, instrumentalities, and government-owned/controlled corporations? Yes/No? If yes, please provide on an attachment page, the details, including degree of relationship, whether by consanguinity or affinity, and position thereat.

EDUCATION / QUALIFICATIONS

20. What level of education did you attain: _____

21. Name of last educational institution attended: _____

22. On an attachment page, please list any memberships in professional bodies (past and present): _____

MILITARY SERVICE

23. Have you ever served in the military of any country? Yes/No? If yes, complete the following:

Country: _____

Arm of Service: _____

Branch and unit number: _____

Date of entry: _____ / _____ / _____

Date of discharge: _____ / _____ / _____

Type of discharge: _____

Rank at discharge: _____

Serial Number: _____

24. While in the armed forces were you ever arrested for an offence which resulted in summary action, a trial or court martial? Yes/No? If yes, please provide details on an attachment page.

PASSPORT AND TRAVEL INFORMATION

25. Have you ever been issued a passport? Yes/No? If yes, for each passport that you hold, please attach a certified copy of your passport.

Passport information should include:

Passport Number: _____

Country: _____

Place of issue: _____

Date of issue: _____ / _____ / _____

Expiration date: _____ / _____ / _____

26. Have you ever traveled outside your country of residence for a period of time exceeding one (1) month during the past five (5) years? Yes/No? If yes, please provide details on attachment page.

ARRESTS, DETENTIONS AND LITIGATION

27. Have you ever been charged, arrested or summoned for an offence, regardless of the disposition, in any jurisdiction excluding juvenile offenses and traffic offenses? Yes/No? If yes, please give details on the attachment page. Please list all cases without exception, including the nature of the offense, age at the time of the offense, place of commission of the offense, and results of the cases.

28. Have you ever been a party in a civil lawsuit in which an amount exceeding Ten Thousand U.S. Dollars (\$10,000.00) was claimed, or are you aware of any such action that may be pending? Yes/No? If yes, please provide details on an attachment page including:

- (a) Name of parties
- (b) City, Province/State and Country in which action commenced
- (c) Level of Court
- (d) Date action commenced
- (e) Nature of action (give brief description)
- (f) Status of action
- (g) Disposition of action
- (h) If a judgment has been entered, has it been satisfied? Please give details.

29. Have you ever had a judgment entered against you? Yes/No? If yes, please give details on an attachment page, unless it was already provided.

30. Has your salary, wage, earnings or other income been subject to a garnishee order, attachment or other judicial proceeding? Yes/No? If yes, please give details on an attachment page.

31. Have you ever had an article repossessed by a finance company or other institution? Yes/No? If yes, please give details on an attachment page.

EMPLOYMENT

32. Beginning with your current employment and working backwards, please list your work history on an attachment page. Particulars to be provided are:

- (a) Duration of employment
- (b) Name, business address and telephone number of employer
- (c) Job title and description of duties

- (d) Reason for leaving
- (e) Name of person to whom you reported

33. Have you ever been dismissed, discharged or asked to resign from any employment? Yes/No? If yes, complete the following:

- (a) Date Name and address of employer
- (b) Supervisor's name
- (c) Reason for dismissal
- (d) Discharge or resignation

34. As regards directorships and business affiliations, on an attachment page, please provide full details of any other directorships, partnerships or other business interests or affiliations with which you are currently associated or previously associated. Yes /No?

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

- (a) A casino: Yes/No?
- (b) Keno or lottery operations: Yes/ No?
- (c) Interactive gambling or betting operation: Yes/No?
- (d) Race wagering or wagering operations: Yes/No?
- (e) Club, hotel or tavern: Yes/No?
- (f) The manufacture, assembling, selling, distributing, importing, supplying or repairing of gaming machines on-line machines or other amusement devices: Yes/No?
- (g) Any other gaming or gambling operation: Yes/No?

If yes, please provide details on an attachment page.

36. Other than as indicated above, please provide details on an attachment page if you have at any time been engaged in bookmaking or sports book operations in any capacity or otherwise involved in the racing industry.

37. Have you ever been involved in any company that has been in liquidation or receivership or been placed under administration? Yes/No? If yes, please provide details on an attachment page.

CHARACTER REFERENCES

38. Nominate three (3) persons who are not related to you and who have known you for a period of not less that five (5) years. Persons giving references may be contacted for additional information.

Name: _____

Address: _____

Occupation: _____

Contact Nos.: _____

Years known: _____

Name: _____

Address: _____

Occupation: _____

Contact Nos.: _____

Years known: _____

Name: _____

Address: _____

Occupation: _____

Contact Nos.: _____

Years known: _____

FINANCIAL DETAILS

39. Have you ever become bankrupt or availed yourself of the laws relating to bankruptcy or insolvency? Yes/No? If yes, please provide details on an attachment page.

40. If requested to produce copies of your income Tax Returns, will you do so? Yes/No?

STATEMENT OF ASSETS AND LIABILITIES

41. On an attachment page, please provide a statement of your current assets and current liabilities.

SOURCE OF FUNDS

42. On an attachment page, please provide the sources over the past five (5) years of all income and other benefits received for your use or disposal (whether received in money or in kind) whether as a result of your employment or association with any corporation, partnership, trust, joint venture or business or otherwise. Please list the amount and source of each item received by yourself (and your spouse /common law spouse, if received jointly) and list each year separately.

DECLARATION

By signing below, I, _____, hereby declare that:

1. I am the _____ of the Applicant for Interactive Gaming License, namely _____.

2. The information contained in this Application Form is complete and accurate.

3. I have been provided with copies of the Interactive Gaming Rules and Regulations, Interactive Gaming Code of Conduct, and Interactive Gaming Control System Guidelines and I agree to abide by the provisions thereof.

(Right Thumb mark) _____ Date: _____ (Name and Signature)

Signed in the Presence of:

(Name and Signature) (Name and Signature)

SUBSCRIBED AND SWORN to before me, a Notary Public in _____, this ___ day of _____, affiant having exhibited to me his _____, issued on _____, at _____.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.