

THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES

GAMBLING LICENCE APPLICATION

Under the International Gambling Act of 2001

ame of Gambling Company:	
ternative name(s)	
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Permited sufixes: PLC, Public Limited Company, LTD, Limited, Corp, Corporation, Inc, Incorporaed, SA, Societa Anonima, AG, Aktien Gesellschaft, S.p.A, Società per Azioni)

DIRECTORS:

(Note: min TWO directors are requested for Gambling company, Corporate directors are not permited)

1st Director Details Resident Address: Tel:......Fax:..... Cellular: E-mail: Date of Birth (DD/MM/YYYY):.....Place of Birth:.... Citizenship: Personal ID No.:......Country of Issue:..... (Note: please attach to the application copy of passport or Government ID) **Business reference** Name of Company:.... Address:.... Tel:..... E-mail:.... Banking reference Name of Bank:.... Address:

Tel:..... E-mail:....

2nd Director Details

Name :	Surname:	
Resident Address:		
	Fax:	
Cellular:	E-mail:	
Date of Birth (DD/MM/YYYY):	Place of Birth:	
Citizenship:		
Personal ID No.:	Country of Issue:	
Drivers Licence ID No.:	Country of Issue:	
Passport No.:	Country of Issue:	
(Note: please attach to the application co	py of passport or Government ID)	
Business reference		
Name of Company:		
Address:		
Tel:	E-mail:	
Banking reference		
Name of Bank:		
Address:		
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CAPITAL AND SHARES OF THE GAMBLING COMPANY

☐ Gambling Licence require capital of 1 million USD or more
CAPITAL OF THE GAMBLING COMPANY:
Authorised Capital of the Gambling Company:
Total number of ALL shares:
Denomination of EACH shares: □ USD □ EUR □ other:
Total number of shareholders:
(Note: all shares MUST by registered shares. Bearer shares are not permited for banking, trust and Gambling companies. The law requere min of two shareholders. Shareholders can by natural person or legal entities)
Special requirements for shares and capital:

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

Name :	Surname:
Resident Address:	
	Fax:
	E-mail:
	Place of Birth:
·	
	Country of Issue:
	Country of Issue:
	Country of Issue:
No. of shares subscribed in the Gambling compar	ny::
Nominal value of EACH share:	□ USD □ EUR □ other:
Total Value of ALL shares:	□ USD □ EUR □ other:
(Note: please attach to the application conv. of passes	ort or Government ID)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

Name : Sui	rname:
Resident Address:	
Tel:Fax:	
Cellular: E-mai	1:
Date of Birth (DD/MM/YYYY):	Place of Birth:
Citizenship:	
Personal ID No.:	Country of Issue:
Drivers Licence ID No.:	Country of Issue:
Passport No.:	Country of Issue:
No. of shares subscribed in the Gambling company:	
Nominal value of EACH share:	USD
Total Value of ALL shares:	USD 🗆 EUR 🗀 other:
(Note: please attach to the application copy of passport or	Government ID)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS NATURAL PERSON

Name :	Surname:	
Resident Address:		•••
Tel:	Fax:	••
Cellular:	E-mail:	
Date of Birth (DD/MM/YYYY):	Place of Birth:	•••
Citizenship:		
Personal ID No.:	Country of Issue:	
Drivers Licence ID No.:	Country of Issue:	
Passport No.:	Country of Issue:	
No. of shares subscribed in the Gamb	ling company::	
Nominal value of EACH share:	USD 🗆 EUR 🗀 other:	
Total Value of ALL shares:	□ USD □ EUR □ other:	
(Note: please attach to the application co	opy of passport or Government ID)	

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the Gambling company::
Nominal value of EACH share: □ USD □ EUR □ other:
Total Value of ALL shares:
(Note: please attach to the application copy of certificate of incorporation)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the Gambling company::
Nominal value of EACH share: □ USD □ EUR □ other:
Total Value of ALL shares:
(Note: please attach to the application copy of certificate of incorporation)

PLEASE USE THIS PART ONLY IF THE SHAREHOLDER IS LEGAL ENTITY (COMPANY)

Company name:
Registered Address:
Tel:Fax:
Cellular: E-mail:
Company Registered No. :
Country of Incorporation:
Name of Director or President:
No. of shares subscribed in the Gambling company::
Nominal value of EACH share: □ USD □ EUR □ other:
Total Value of ALL shares:
(Note: please attach to the application copy of certificate of incorporation)

APPLICATION CHECK LIST

☐ Application for Gambling Licence
☐ Copy of Directors passport or Government ID card (personal ID, Drivers Licence)
☐ Copy of Shareholder identification
☐ Business Plan for 5 years in Franch or English language
☐ One business reference for each director
☐ One banking reference for each director
☐ Payment of all fees
DECLARATION
I/We applicants sworn and declare with full legal responsibility to the Mwali International Services Authority, Register of Companies and Offshore Gambling supervisory authority, that all submited and filed information are true and correct, and that we are bona fine persons with good moral and legal character, and that the company will be use for legal and moral activities withing the teritory of Comoros Union (Offshore).
Applicant Name and Surname:
Applicant Signature:
Date of Application: Place of Application: