

## THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES

## **GAMBLING LICENCE**

## **CHANGE OR TERMINATION OF DIRECTOR**

Under the International Gambling Act of 2001

Name of Gambling Company:
Company Registered No. :Gambling Licence No.:
Terminating Director Details
Name :
Resident Address:
Date of Birth (DD/MM/YYYY):Place of Birth:
Citizenship:
Date of termination (DD/MM/YYYY):

ABOVE DIRECTOR THIS DAY RESIGN FROM THE POSITION OF THE PRESIDENT OF THE GAMBLING COMPANY AND THE COMPANY APPOINT FOLLOWING NEW DIRECTOR:

## **New Director Details**

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:
Date of appointment (DD/MM/YYYY)	·
(Note: please attach to the application co	opy of passport or Government ID)
Business reference	
Name of Company:	
Tel:	E-mail:
Banking reference	
Name of Bank:	
Address:	
Tol	E mail:

aproved by the Board of Directors or shareholders meeting.	
Applicant Name and Surname:	Position in the Company:
Applicant Signature:	
Date of Application:	Place of Application:

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 are