



For office Use			
Football		Temporary	
Horse Racing		Permanent	

APPLICATION FOR REGISTRATION AS BOOKMAKER'S CLERK

1.0 Applicants' Particulars

SURNAME	
OTHER NAME	
MAIDEN NAME	
NATIONAL IDENTITY CARD NUMBER	
RESIDENTIAL ADDRESS	
YEARS OF EXPERIENCE IN THE FIELD	
EMPLOYMENT DATE	
TELEPHONE NUMBER	

2.0 Declarations:

EMPLOYER DECLARATION

Ihave read the conditions for registration of **temporary/ permanent** bookmaker's clerk and recommend the above listed applicant as bookmaker's clerk in my service. In case a bookmaker's clerk ceases to be employed by me, I undertake to notify forthwith the Gambling Regulatory Board in writing of the termination of the employment as per Section 50 of the GRA Act 2007.

The employee will be based at _____ **(Address of Bookmaker/ Outlet)**

Signature of Operator _____ on behalf of _____
Name & Seal of Licensee

Date:

APPLICANT DECLARATION

I do hereby affirm that:

- (i) I have not been convicted of an offence under the Gambling Regulatory Authority Act;
- (ii) I have not been convicted of an offence involving fraud or dishonesty; and
- (iii) does not have any criminal, quasi-criminal or extra-judicial case or investigation pending with the Police Department, the Mauritius Revenue Authority or any statutory body;
- (iv) does not have any case pending before a Court of law; and
- (v) I have not otherwise engaged myself in any conduct that would render me unfit to be registered as a bookmaker's clerk.

I am equally aware that the Gambling Regulatory Authority shall cancel the temporary / permanent registration with immediate effect should any of the statement made above prove or is suspected to be false or I am found to be convicted with any of the above offences during the validity period of the badge. The Authority reserves the right to take such action(s) as deemed necessary.

Signature of Applicant _____ **Date:** _____



3.0 For Office use:

Documents produced by applicant:

DOCUMENTS	REMARKS (TICK/COMMENT) where appropriate
National Identity Card Original + Copy	
Passport Size Photo (2)	
Certificate of Character Original + Copy	
Proof of address Original + Copy	
*Birth Certificate Original + Copy	
Receipt of certificate of character + copy	
Date documents were submitted	

Acknowledged By: MSO _____

Date: _____

*Birth Certificate is optional if proof of address is not in the name of the applicant.

Remarks Licensing Division

Reference GRA	
Date of Certificate of character	
Bookmaker's Clerk Badge collected on (date)	
Bookmaker's Clerk Badge Collected by Name & Signature	
NIC of person	