

Alternate Dispute Resolution Service Provider Application Form

This application form is to be completed by an alternate dispute resolution service provider wishing to obtain accreditation for offering services to operators in Curacao under the *Landsverordening op de Kansspelen* (LOK).

If a question does not apply (those marked as YES), leave it blank in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. Questions in bold are mandatory.

Application Number:		Date of Application:	
Leave Blank:			
1. Company Name			
2. Address of Incorporation			
3. Corporate Registration Number		3.1. Jurisdiction	
4. Incorporation Date			
5. Official Address of the Company Head Office			
6. Regional Office that will be the point of contact for the Authority:			
Leave blank if same as above			
7. Address of Regional Office			
Leave Blank if same as Above			

Board Structure and Facilities

8. Full Name of Board Member 1	
9. Passport Number	
10. Issue Country:	
11. Is this person a legal professional with a license to practice?	☐ Yes
At least one board member is required to be a practicing, or retired, lawyer	
	11.1. Jurisdiction
	11.2. Date of Issue
12. Relevant experience related to this role.	Years
Enter number of years	
13. Full Name of Board Member 2	
14. Passport Number	
15. Issue Country	

16. Profession

17. Role served within in relation to this application

18. Relevant experience related to this role.

Enter number of years

Years

19. Full Name of Board Member 3

20. Passport Number

21. Issue Country

22. Profession

23. Role served within in relation to this application

24. Relevant experience related to this role.

Enter number of years

Years

25. Countries or jurisdictions where the board members of the applicant have established similar services:

26. Total number of employees excluding board members.

27. Does the applicant use sub-contractors?

☐

Yes

27.1. Specify:

28. The Applicant confirms that neither the Applicant nor any members of its Board engage in any affiliate or marketing activities related to gambling.

☐

No

29. The Applicant confirms that no B2B products or services are offered to Curacao licensed operators.

☐

Yes

30. The Applicant confirms that it has implemented internal measures to prevent conflicts of interest, in accordance with paragraph 6.3 of the Guidelines.

☐

Yes

31. The applicant confirms that it has set up an online presence for the services under the LOK paragraph 5.3.

☐

Yes

More information on how this service works must be provided as part of the enclosures with the form

Details of Point of Contact

33. First Name

34. Last Name

35. Position within the Applicant

36. Is this person authorized to take executive decisions on behalf of the client:

☐

Yes

37. Email Address:

38. Personal Number:

Include country prefix.

Declaration and Data Privacy

I, _____, as the person identified in this Application, declare that the information provided is true and correct. I also understand that any wilful dishonesty may render for refusal of this application.

I hereby authorize the Curacao Gaming Authority to conduct a complete investigation using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by Curacao Gaming Authority to provide all such information deemed necessary by the Curacao Gaming Authority. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization on behalf of the applicant, a background record check may be performed. On behalf of the applicant, I authorize any banking, financial institution, judicial, or enforcement agency to surrender to the Curacao Gaming Authority a complete and accurate records, including, but not limited to internal banking memoranda, past and present loan applications, financial statements and any other documents relating to business financial records in whatever form and wherever located.

The Curacao Gaming Authority reserves the right to investigate all relevant data and facts to their satisfaction. I understand that the Curacao Gaming Authority may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. I, hereby release, waive, discharge, and agree not to hold liable the Curacao Gaming Authority for the receipt and use of such data, other than for unlawful processing of such information, acquired during investigations and inquiries. I hereby authorize the lawful use, disclosure, or publication of this data.

The applicant hereby confirms that it operates independently from gaming operators and software suppliers, and that all testing and reporting activities are conducted without any conflict of interest, whether direct, indirect, or otherwise.

I understand that by signing this authorization, I am giving my explicit consent to the Curacao Gaming Authority to collect and process personal data, including sensitive personal data which relates to the data subject.

I confirm that I have read the privacy statement of the Curacao Gaming Authority with regards to personal data.

Sign here:

SAVE FORM

EXPORT FORM

Enclosures

The following documents are to be enclosed with this form:

1. Certified True Copy of Company's Articles of Association.
2. A CV of all board members and their experiences relevant to the Curacao legislation, CGA policies and administrative/civil law.
3. Certified true copy of warrant for lawyer.
4. Proof of accreditations from other jurisdictions if applicable.
5. Provide a standards operating procedure implemented for a typical complaint.
6. A description of the information system implemented by the applicant to manage complaints.
7. A sample ADR report prepared by the applicant.
8. Organizational and governance structure of the applicant.