

GAMBLING ACT 2005 DISCLOSURE OF CONVICTIONS AND DECLARATION

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

| 1. Your personal details | |
|--|--|
| TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state) | |
| Surname: | |
| Forenames: | |
| PREVIOUS NAMES (if relevant). Please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary. | |
| TITLE (delete as appropriate): Mr / Mrs / Miss / Ms / Other (please state) | |
| Surname: | |
| Forenames: | |

| 2. Offences | | Please tick ✓ |
|---|-----|---------------|
| Have you been convicted of any offence not considered spent under the Rehabilitation of Offenders Act 1974 | Yes | No |
| If you have been convicted of any offences you must provide details for each conviction, the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed: | | |
| | | |

| 3. Declaration | |
|---|-------|
| The information contained in this form is correct to the best of my knowledge and belief. | |
| SIGNATURE: | DATE: |
| | |