



### Declaration and Consent

in accordance with the Gambling Regulation Act 2024

I, \_\_\_\_\_ (first name and surname), \_\_\_\_\_ (job title), of  
\_\_\_\_\_ (address), am:

Identity	Selection. Insert "X" as appropriate
1. The proposed licensee (sole trader)	<input type="checkbox"/>
2. A representative of the proposed licensee (body corporate)	<input type="checkbox"/> If selected, please provide: The name of proposed licensee: _____ The address of proposed licensee: _____ _____ _____
3. A relevant officer of the proposed licensee (body corporate)	<input type="checkbox"/> If selected, please provide: The name of proposed licensee: _____ The address of proposed licensee: _____ _____ _____
4. A beneficial owner of the proposed licensee (body corporate)	<input type="checkbox"/> If selected, please provide: The name of proposed licensee: _____ The address of proposed licensee: _____ _____ _____

as part of the licence application for a business to consumer gambling licence, being:

Licence	Selection. Insert "X" as appropriate
1. an in-person betting licence	<input type="checkbox"/>
2. a remote betting licence	<input type="checkbox"/>
3. a remote betting intermediary licence	<input type="checkbox"/>

to the Gambling Regulatory Authority of Ireland (“**GRAI**”) in accordance with the Gambling Regulation Act 2024 (the "**Act**") (together with all accompanying information and documentation, the "**Application**"), and hereby make the following declarations and provide the following consents.

<b>Declarations and Consents</b>	<b>Confirmed? Insert “X” for yes or no as appropriate</b>	
1. I am aware of the relevant obligations under the Act.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
2. The Application has been completed by me and/or under my supervision/formal instruction.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3. The information contained in the Application is complete, true and accurate to the best of my knowledge and belief.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
4. I acknowledge and understand that making a false or misleading statement or providing false or misleading information or documentation may affect the outcome of the Application.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
5. I acknowledge and understand that providing information or documentation to the GRAI that I know or ought reasonably to know is false or misleading is a criminal offence, contrary to section 63 of the Act, that carries a potential penalty of up to 5 years’ imprisonment.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
6. I acknowledge and understand that the GRAI may request, and I consent to the GRAI requesting, from any person such information as it considers necessary for the purposes set out section 105(1) of the Act, namely: <ul style="list-style-type: none"> <li>a. verifying information contained in the Application; and</li> <li>b. verifying that the proposed licensee and, where applicable, each relevant officer and beneficial owner is a fit and proper person.</li> </ul>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
7. I consent to the processing of my personal data and special categories of my personal data for the purposes set out section 105(1) of the Act.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
8. I declare that I am a fit and proper person to hold the licence being applied for.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
9. I confirm that the proposed licensee has the financial capacity to provide the gambling activity or activities sought to be licensed and to fund winnings.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
10. I confirm that the winnings will be funded from lawful activities.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Declarations and Consents	Confirmed? Insert "X" for yes or no as appropriate	
11. I am aware that the GRAI may process personal data contained in the Application in order to perform its statutory functions and that any such processing will be undertaken in accordance with applicable data protection legislation and the Data Protection Statement of the GRAI which can be accessed at this website: <a href="https://www.grai.ie/dataprotection">https://www.grai.ie/dataprotection</a> .	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

**PLEASE NOTE** that the Application will not be considered by the GRAI unless this document has been completed.

By signing this document, I confirm that I understand all of its contents and that I am providing each of the relevant declarations and/or consents referred to in the table above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_