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Passport size
Photograph



OPERATOR

**APPLICATION FOR PERMIT TO OPERATE AS NLA LICENSED
BANKER-TO-BANKER LOTTO**

1. Name of Organization

.....
(Full name in capitals)

2. Business Address of Company/ Partnership/Enterprise

.....
.....

3. Incorporation status: is your company incorporated as

- a) Limited liability Entity
- b) Sole Proprietor
- c) Partnership

4. Particulars of Incorporation

- i. Date of incorporation.....
- ii. TIN Number.....

(Note: - Attach a Copy of Certificate of Incorporation and Certificate to Commence Business)

5. Names and addresses of shareholders of the company

| Name of Shareholder | Number of Shares | Address | Contact Phone Number |
|----------------------------|-------------------------|----------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6. What is the share structure of the Company?

i. **Stated Capital of Company**.....

ii. **In the case of Partnership, state the interest(capital) of each partner**

.....

iii. **In the case of Sole Proprietorship, state the capital**

.....

7. Name & Nationality of Directors/ Partners/Sole Proprietorship

| Name | Nationality | Residential Address |
|-------------|--------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |

8. Criminal Clearance

i. **Has any named Director/ Partner of the Organization been convicted of any criminal offence relating to lotteries? Yes No**
(Attach Police clearance report)

ii. **If yes, give particulars**

.....

.....

.....

.....

iii. **Has any named Director/ Partner of the Organization been convicted of any other criminal offence? Yes No**
(Attach Police clearance report)

iv. **If yes, give particulars**

.....

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.....

.....

9. Tax Clearance: Evidence of Payment of Tax

| Year | Amount (Tax) Paid |
|-------------|--------------------------|
| 2014 | |
| 2015 | |
| 2016 | |
| 2017 | |

10. State Region(s) in which you wish to operate NLA Licensed Banker-to-Banker Lotto

| | |
|--------------------------|-----------------------|
| 1. Greater Accra | 6. Brong-Ahafo |
| 2. Eastern Region | 7. Volta |
| 3. Central Region | 8. Northern |
| 4. Ashanti Region | 9. Upper West |
| 5. Western Region | 10. Upper East |

If you intend to operate in one (1) District only, please state the District in which you wish to operate.....

11. How many Lotto Agents do you have

(Note: Provide names and addresses of agents on a separate sheet)

12. How many Lotto Writers do you have.....

(Note: Provide names and addresses of Lotto Writers on a separate sheet).

13. How many Lotto Kiosks do you have.....

14. Where are the Lotto Kiosks located.....

(Provide details as to towns/physical location)

15. Guarantor(s)

| Name of Guarantor | Business Address of guarantor |
|--------------------------|--------------------------------------|
| | |
| | |

Note:

Bankers Guarantee or Insurance Bond in the sum of GHC 5,000,000 to be provided by the applicant

16. Do you have any sample/ art works of tickets/ coupons you intend using for the lotto/ lottery? YES NO

(Note: If yes, produce sample/ art works of tickets/ coupons for approval by NLA)

17. Declaration by Applicant

I/We.....

hereby declare that the information given to the National Lottery Authority is true and correct in every respect and I hereby consent to the revocation or cancellation of my application for grant of license to operate Lotto/Lottery in Ghana.

Given under my hand or seal of Company this..... day of2018.

Signature.....

FOR OFFICIAL USE ONLY

This is to certify that I,

Have duly scrutinized and vetted the attachments to this form and have done the appropriate due diligence on the applicant.

I am satisfied that the applicant herein has met/ not met all the conditions necessary for the grant of a valid license to operate an NLA Licensed Lotto/Lottery inRegion.

Accordingly, I hereby recommend that the application for grant of License to operate NLA Licensed Lottery to be approved/ declined.

DATED AT NLA THIS DAY OF 2018

SIGNATURE.....

Evidence of payment of licensing fees

- i. Amount paid.....
- ii. Bank to which fees were paid.....
- iii. Bank Pay-In-Slip No.....
- iv. NLA Official Receipt No.....

DETAILS OF BANKER TO BANKER OPERATOR(s)

| | Name | Contact Number | Sales Point Kiosk/Shop/Home | Zone | Landmark | Readiness of Sales outlet | Training needed (Yes/No) |
|-----|------|----------------|-----------------------------|------|----------|---------------------------|--------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |

Endorsed By:
Sales Regional Manager