

FORM 8

Reg. 19

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THE REPUBLIC OF UGANDA

LOTTERIES AND GAMING ACT, 2016

APPLICATION FOR BETTING LICENCE

A-PARTICULARS OF THE APPLICANT

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Nationality \_\_\_\_\_
4. Country of residence or principal place of business \_\_\_\_\_
5. Age of applicant (where the applicant is an individual) \_\_\_\_\_
6. The National Identification Number or passport number in case of foreigners \_\_\_\_\_
7. Where the applicant is a company shall provide the following details:

<i>Name of shareholder</i>	<i>Nationality</i>	<i>Age</i>	<i>Address (Physical or Postal)</i>

B- PARTICULARS OF BETTING FACILITY

8. Name under which a gaming or betting facility will be operated or established:  
\_\_\_\_\_
9. The gaming or betting facility will be located at-  
Principal place: \_\_\_\_\_  
Plot No. and Street: \_\_\_\_\_  
District \_\_\_\_\_

10. Description of the organisation and layout of premises where a gaming or betting facility will be operated or established. (attach the plans, diagrams and specifications of the layout of the premises)

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11. List of categories and types of the machines or devices to be used in a gaming or betting facility: (attach the diagrams or plan of the layout of the machines at the premises)

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#### C- SUITABILITY OF THE APPLICANT

12. Have you or any of the persons named in this application been engaged in any other betting or gaming business, or any business involving the operation of gaming or betting?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state –

(a) name of business \_\_\_\_\_

(b) the capacity in which you or the person named in this application was engaged \_\_\_\_\_

13. Have you or any of the person named in this application or any person employed or connected with your business ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action.

Yes \_\_\_\_\_ No \_\_\_\_\_

14. If yes, give particulars:

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15. Have you applied for/been refused/been granted\* any other licence under the Act or the Regulations or in any other jurisdiction:

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give particulars

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Date at .....this ..... day of .....20.....

.....  
(Signature)

*+where the application is made for and on behalf of a partnership or a body corporate it must be signed by a partner or a person authorised to sign for the body corporate, as the case may be.*

*\*Delete as necessary*