

ADMINISTRATION OF GAMBLING ON TRACKS LIMITED

APPLICATION FOR ANNUAL REGISTRATION AS A LICENCED OPERATOR 1ST OCTOBER 2011 – 31ST AUGUST 2012

Note: All questions must be answered. If a question is not relevant please state 'not applicable'. All answers must be typed or written clearly in ink. All signatures must be original.

If you are a new bookmaker who was authorised after 1st September 2011, please complete this form but do not attach any of the requested documentation.

1. **Trading Name** (shown on front page of the operating licence)

2. **Operating Licence No.** (please attach copies of pages 1,2, Schedules X and Y to this form.)

3. **Registered Address** (on page 1 of the operating licence)

Postcode _____

4. **Correspondence Address** (if different to the above)

Postcode _____

ADMINISTRATION OF GAMBLING ON TRACKS LIMITED
3a Kings Hall, St Ives Business Park, Parsons Green, St Ives, Cambs. PE27 4WY
Tel: 01480 499180 Fax: 01480 499181 Email: mainoffice@agt-ltd.co.uk www.agt-ltd.co.uk
Registered in England No. 3595282

5. Contact Details

Telephone _____

Mobile _____

Fax _____

Email _____

Would you like to receive email updates on news, etc.? _____
(Where possible, all written contact with you will be via email)

6. Principals and Employees - please identify the main contact for this Operator with an asterix. Should you require any identification badges please highlight for which person(s) and attach a recent passport sized photograph (a photograph will not be necessary if an authorisation badge was previously held for 2007). The fee for each badge is £20 plus VAT.

NOTE: Badges issued in 2009 are valid until 31st August 2012.

Schedule X

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____
(please continue on a separate sheet if necessary)

Schedule Y

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____

Title _____ First Name _____ Surname _____
(please continue on a separate sheet if necessary)

7. Data Protection Act 1998

AGT Ltd. may be required to pass your details to relevant statutory bodies to assist in the collection of levies, duties and taxes.

AGT Ltd. may be requested to pass on your telephone number to other registered operators, e.g. to facilitate private sales or enable bona fide direct contact. If you do not wish AGT Ltd. to perform this service, please tick the box.

Note: AGT Ltd. will not pass any personal details to unauthorised personnel or outside agencies.

8. HBLB Certificate of Discharge or Exemption

A copy of the Certificate of Discharge or Certificate of Exemption from the Levy Board for 2010/2011 (49th Levy Scheme) for the principal Operating Licence holder must accompany this application. Please telephone our office if you need further information or guidance on this.

9. Public Liability Insurance

All licensed operators are required to carry public liability insurance to the value of at least £2 million prior to trading on-course. A copy of your insurance certificate or other proof of insurance must accompany this application. It is your responsibility to ensure that this insurance adequately covers you, your employees, alternate operators (if applicable) and any equipment you may use whilst conducting betting business on racecourses.

10. Betting Exchange Account(s)

Please indicate which betting exchange you plan to use, if any, while trading on-course.

Betfair

Betdaq

Other please state _____

11. Declaration

I/we agree to inform AGT Ltd. immediately if there is any change to these circumstances including any updates to my/our Operating Licence.

I/we certify that each of the employees named in section 6 of this form holds a written contract of employment with the trading name in section 1.

I/we declare that the above information is true and complete and that, as a condition of application, I/we agree to be bound by the terms of the Special Conditions E and the Position Allocation Policy. I/we understand that all telephone calls to AGT Ltd. offices may be recorded.

To be signed by all individuals named on **Schedule X** of the operating licence or a designated signatory for the company (proof of a designated signatory status, e.g. a board mandate or board authority, must accompany this form).

Signed _____ Dated _____

Name and Position _____

Signed _____ Dated _____

Name and Position _____

Signed _____ Dated _____

Name and Position _____

Signed _____ Dated _____

Name and Position _____ Dated _____

Signed _____ Dated _____

Name and Position _____

Signed _____ Dated _____

Name and Position _____

(please continue on a separate sheet if necessary)

PLEASE COMPLETE AND RETURN THIS FORM BY NO LATER THAN 23RD SEPTEMBER 2011 – THERE IS NO FEE FOR AUTHORISATION.