



Entity Wagering Account Application

Associated Individual Form

Type every entry in the spaces provided except for signing the form. Fully answer each question and do not leave blank spaces. If a question does not apply to you, indicate "N/A" in response to that question. Failure to respond to every question may result in the denial of the Entity Wagering Account Application. Sign in BLUE INK in the spaces provided. Ensure that this form has been properly notarized. The Entity must mail or hand deliver this original, completed and executed form and required documents to CG Technology.

1. Information About Yourself

A. Name

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____

Suffix: ☐ Sr. ☐ Jr. ☐ Esq. ☐ Other: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (mm/dd/yyyy): _____

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Have you ever used a different name or alias? ☐ Yes ☐ No

If yes, list below all maiden names, aliases and any name changes, legal or otherwise.

B. Contact Information

Home Address (cannot be a P.O. Box): _____

City: _____ State: _____ Zip Code: _____ Years at address: _____

Best Daytime Phone: _____ Mobile Phone: _____

E-mail Address: _____

If you have resided at your current address for less than 12 months, provide the prior residences.

Prior Residence(s):

Home Address (cannot be a P.O. Box): _____

City: _____ State: _____ Zip Code: _____ Years at address: _____

C. Identification Information

Are you a citizen of the United States? ☐ Yes ☐ No

Are you a resident of the United States? ☐ Yes ☐ No

For U.S. citizens and residents, provide your national identification information (as applicable).

SSN: _____ ITIN: _____ Passport No.: _____

U.S. Driver's License No.: _____ Issuing State: _____

For non-U.S. citizens provide your national identification and residence information.

Non-U.S. Citizen Resident Registration No.: _____ Expiration Date: _____

Country of Legal Residence: _____

Passport No.: _____ Issuing Country: _____

National ID No.: _____ Issuing Country: _____

***Attach a copy of your government issued photo identification to this application. If not a U.S. citizen, you must provide a copy of a passport or national identification.**

D. Current Employment Information

Self-employed: ☐ Yes ☐ No

Employer: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

E. Additional Information

Have you ever been banned or otherwise excluded for any reason from any type of casino or gaming/gambling related operation or jurisdiction? (Check yes even if the ban or exclusion is no longer in effect.) ☐ Yes ☐ No

If no proceed to Section 2.

If yes, provide the following information:

Issuing agency: _____ Jurisdiction: _____ Date (mm/dd/yyyy): _____

Reason: _____

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents a senior military, governmental or political official in a non-US country? ☐ Yes ☐ No

If yes, provide the following information:

Country: _____ Government Agency: _____

2. Information About The Entity

A. Designate The Entity

Designate the Entity with which you have a role (designated below).

Entity Name: _____

B. Designate Your Role With The Entity

Designate the title(s)/position(s) you will hold with the Entity.

Title(s)/Position(s): _____

Designate the role(s) you hold with the Entity.

- ☐ Authorized Account Representative
- ☐ Beneficial Person
- ☐ Control Person
- ☐ Designated Individual

If you are a Designated Individual, please provide the following information for the wagering devices:

Hardware Type: _____ Model: _____ Serial No.: _____

Phone No. (If applicable): _____

Hardware Type: _____ Model: _____ Serial No.: _____

Phone No. (If applicable): _____

3. Information About Your Role With Affiliated Entities

Do you hold one or more roles with any entity affiliated with the Entity (e.g., a parent company or subsidiaries)?

☐ Yes ☐ No

If no, proceed to Section 4.

If yes, provide the following information:

Designate the one or more roles you will hold with each entity affiliated with the Entity (e.g., a parent company or subsidiaries).

- ☐ Beneficial Person
- ☐ Control Person

Title(s)/Positions: _____

Ownership Type: _____

4. Fund Information

A. Provision Of Funds To The Entity

Will or did you provide funds to the Entity? This would include any form of contribution, including debt, loans, equity, investment or other economic interest.

☐ Yes ☐ No

If no, proceed to Section B.

If yes, provide the following information.

What is the source of your funds? _____
**Documentation is required; refer to the matrix on page 7.*

Did you receive any of the funds that will be provided from another Person? ☐ Yes ☐ No

If yes, indicate the Person and the amount of funds: _____

Indicate the Person who received or will receive the funds from you: _____

Indicate the purpose(s) and amount of funds to be provided.

☐ Race and Sports Wagering

Amount: _____

☐ Loan, Capital, Debt or Contribution (for use other than wagering)

Amount: _____

☐ Other (indicate purpose): _____

Amount: _____

B. Provision Of Funds To The Entity's Affiliated Entities

Other than the funds listed above, did you provide any funds to any entity affiliated with the Entity (e.g., a parent company or subsidiaries)? This would include any form of contribution, including loans, debt, equity, investment or other economic interest.

☐ Yes ☐ No

If no, proceed to Section 5.

If yes, provide the following information.

What is the source of your funds? _____
**Documentation is required; refer to the matrix on page 7.*

Did you receive any of the funds that will be provided from another Person? ☐ Yes ☐ No

If yes indicate the Person and the amount of funds: _____

Indicate the affiliated Person received or will receive the funds from you: _____

Define this Person's affiliation with the Entity: _____

Indicate the purpose(s) and amount of funds provided.

☐ Loan, Capital, Debt or Contribution (for use other than wagering)

Amount: _____

☐ Other (indicate purpose): _____

Amount: _____

5. Other Entities With Wagering Accounts In Nevada

Are you associated in any way with another entity with a wagering account in the state of Nevada?

☐ Yes ☐ No

If no, proceed to Section 6.

If yes, indicate the entity, role(s) and the amount of investment.

Entity Name: _____

Role(s): _____

Amount: _____

Entity name: _____

Role(s): _____

Amount: _____

6. Review and Submit Form

Affirmation and Signature

Affirm, represent and warrant to the veracity of the following by personally signing below:

I am the ultimate beneficial owner of the funds I provided to, or will provide to, the Entity. If I provided funds through a trust or Entity, I am duly authorized and have the legal capacity to provide and use the funds of such trust or Entity with the Entity designated in Section 1 of this form, including for wagering activities. There is no undisclosed Person affiliated with my relationship with the Entity, its affiliated Persons and its and their activities, including any economic, beneficial, control or any other interest or right in the Entity, and no other Person, other than as disclosed herein, has any economic, beneficial, control or any other interest or right in my relationship with the Entity. Activities of the Entity and its affiliated Persons with me will be solely for the benefit of disclosed Persons. Any changes to the statements and information provided herein or in accordance with any applicable laws or regulations or status thereof, now or hereafter, will be updated in writing within five (5) days of change. Any failure to disclose or provide statements or information, misrepresentations or making or providing misleading or false statements or information is a felony crime punishable by both fine and imprisonment. I am, and my activities with the Entity is not and will not be affiliated with any illegal activity, including illegal gambling activities or money laundering. None of the funds I provided or will provide to the Entity were, are or will be in violation of any laws or regulations, subject to any legal obligations, or derived from or affiliated with any undisclosed persons or illegal activity. I agree to comply, at all times, with all federal and state laws applicable to myself, the Entity and, generally, race and sports wagering, including Nevada's Entity wagering laws and regulations, The Federal Wire Act (18 U.S.C. §1084), the Illegal Gambling Business Act (18 U.S.C. §1955) and Title 31 of the U.S. Code. All activities, decisions or otherwise for wagering will only take place within the state of Nevada and only a Designated Individual will make wagers. Any information related to the Entity and its affiliated Persons, including me, may be disclosed to government authorities.

I, _____, being first duly sworn, depose and state under penalty of perjury that I have received, read and agree to be bound by the agreements governing any relationship of me and of the Entity, on the one hand, with CG Technology, on the other hand, including the Entity Wagering Account Terms – Associated Individuals and any other terms and agreements, and know the contents thereof; that I affirm, represent and warrant that all statements and information of whatever kind and nature provided, now or hereafter, with respect to me have been and will be personally reviewed by me and are and will be true and correct and contain a full account of all information; that I have not omitted or otherwise failed to state, and will not omit or fail to state, any material item necessary to make any statements and information provided, now or hereafter, not misleading or false; that I executed this statement with the knowledge that any untrue or misleading fact or statement or the failure to reveal all of the information may, in itself, be sufficient to be a crime punishable under federal and state laws and also cause adverse action to be taken with regard to an Entity Wagering Account Application, including denial.

_____ Name	_____ Signature
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Notarization:

STATE OF _____)

COUNTY OF _____) SS.

SUBSCRIBED AND SWORN TO BEFORE ME:

THIS _____ DAY OF _____, _____

_____ Name of Notary Public	_____ Signature of Notary Public
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Notary Public for the State of: _____

My Commission Expires: _____ (SEAL/STAMP)

PROOF AND SOURCE OF FUNDS SUMMARY

Description of Funds	Information Required	Acceptable Documentation
Income Deposited Into Checking/Savings Account	<ul style="list-style-type: none"> Account Number Total Amount in Account Employer Name Salary per Annum 	<ul style="list-style-type: none"> 2 years' worth of W-2s; and 2 most current year end statements of account
Ownership Interest In Company	<ul style="list-style-type: none"> Name of Company State of Organization Ownership Interest in Company Position/Title Whether or not the Company is publically traded 	<ul style="list-style-type: none"> K-1 statements; Proof of ownership; and 2 most current year end statements of Company bank accounts OR audited financials
Sale of Real Property	<ul style="list-style-type: none"> Description of Property Sold (including address, if applicable) Date of Sale Sale Amount 	<ul style="list-style-type: none"> Notarized or certified bill of Sale; Copy of Sales Contract; OR Closing Documents
Investments	<ul style="list-style-type: none"> Account Number Total Amount in Account Nature of Investment Name 	<ul style="list-style-type: none"> 2 most current year end statements of account
Retirement Funds	<ul style="list-style-type: none"> Pension/Retirement Account Number Total Amount in Account Name and Address of Employer as of Retirement Date 	<ul style="list-style-type: none"> 2 most current year end statements of account
Inheritance	<ul style="list-style-type: none"> Relationship to Patron Date Received Amount Received 	<ul style="list-style-type: none"> Certified or notarized copy of Will or certified direction from Probate court; Copy of Death Certificate; and Proof of Deposit Amount (i.e. Bank Statement)
Divorce Settlement	<ul style="list-style-type: none"> Date of Divorce Decree Filing Total Amount Received Name of Divorced Partner 	<ul style="list-style-type: none"> Certified or notarized copy of Divorce Decree; and Relevant Property Settlement
Compensation Award	<ul style="list-style-type: none"> Type of Action Name of Opposing Party Date of Settlement/Court Order Total Amount Received Date of Payment 	<ul style="list-style-type: none"> Copy of Settlement/Court Order; Proof of Deposit Amount (i.e. Bank Statement)
Gambling Funds/Sponsorships	<ul style="list-style-type: none"> Nature of Gambling Amount of Sponsorship Sponsor's Source of Wealth 	<ul style="list-style-type: none"> Affidavit from Sponsor explaining the amount of the funds and certifying that the funds are not a result of any illegal or criminal activity
Gift Over \$500	<ul style="list-style-type: none"> Name of Person Providing Funds Nature of Relationship to Patron Date of Gift Amount of Gift Donor's Source of Wealth 	<ul style="list-style-type: none"> Affidavit from donor explaining amount and nature of gift and certifying that the funds are not a result of any illegal or criminal activity