### **GUYANA GOLD BOARD**

# REGISTRATION OF THE HEAD OF BRANCH/ AGENT OF LICENSED DEALERS

### PLEASE READ THE FOLLOWING REQUIREMENTS CAREFULLY BEFORE COMPLETING THIS REGISTRATION FORM

- 1. This form should be completed in full using **block letter in black ink or typed.**Where there is insufficient space to provide a response, please provide and attach hereto the information on additional paper(s) and ensure sheet(s) clearly illustrate the name of Licensed Dealer and refer to appropriate question.
- 2. All question contained herein must be answered by the applicant. However, where a question does not apply, please do not leave the space blank, instead indicate "not applicable" or N/A.
- 3. The applicant must ensure that the relevant declaration is signed at number 17 below before submission.
- 4. All applicants are required to submit the following documents in duplicate (certified copy or original and photocopy) along with the registration form. Failure to do so will result in the registration form being returned to the applicant.
- (a) A recent Police Clearance.
- (b) Copy of Identification Card and Passport
- (c) Proof of Address- Please submit any one of the following issued within the last three (3) months (Telephone Bill -landline only, Electricity bill, Water bill or bank statement)
- (d) Taxpayer Identification Certificate (TIN)
- (e) Two (2) recent passport-size photographs.
- (f) One character reference from an individual other than relatives who have personally known the undersigned for at least five (5) years.
- (g) Copies of any Academic qualifications.
- (h) Any other information or documentation you believe will be of interest to the Guyana Gold Board or may be relevant to your registration.

#### PARTICULARS FOR HEAD OF BRANCH OR AGENT

1. Full name: Mr.	/Mrs. /Ms.:		_			
2. Location of bran	ch:					
3. Current address	:		_			
4. D.O.B:	(DD/MM/YYYY)					
5. Home no.:	Cell no.:Work no.:					
6. Email address: _						
7. National Identific	cation no.:					
8. Passport no.:	Date issued:	d: Expiry Date:				
9. Taxpayer Identif	ication no:					
10. Job title:						
	lost fixe (E) reasons	ployers, position held and dates	of			
Company	Address	Position Held	Period			
12. On what groun	d did you exit your last em	plovment?				
_		of Employment $\square$ Misconduct [	Others 🗆			
Trease provide deta	10.					
13. Were you ever other criminal offer		cted for an offence involving fra	ud or any			
If yes please provid	e details:					

## PARTICULARS FOR LICENSED DEALER 14. Name of licensed dealer: 15. Registered address of dealership: \_\_\_\_\_ 16. Telephone no. of dealership: **DECLARATION** 17. I hereby declare that I have completed this form to the best of my knowledge and ability. I believe that the information contained in this form is true and correct, I understand that my failure to submit accurate information may result in the nonapproval of my registration. I warrant that I will promptly notify the Guyana Gold Board of any changes in the information that I have provided and will supply any other relevant information which may come to light in the period during which this registration is being considered or thereafter approved. Signed by Applicant: FOR OFFICIAL USE I hereby approved the application for registration of Mr./Mrs./Ms\_\_\_\_\_on behalf of \_\_\_\_\_\_ dealership. Signed by Compliance Manager: Date: \_\_\_\_\_ Comments Reviewed by General Manager: \_\_\_\_\_ Comments