

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 questions 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	s. /Ms.:		
2. Location of branch:			
3. Current address:			
4. D.O.B: (DD/MM/YYY		(DD/MM/YYYY)	
5. Home no.:	Cell no.:	Work no.:	
6. Email address:			
7. National Identification	on no.:		
8. Passport no.:	Date issued:	Expiry Date:	
9. Taxpayer Identificati	on no:		
10. Job			title:
employment for the las Company	t five (5) years. Address	Position Held	Period
	ent ☐ Termination of I	ployment? Employment	Others
13. Were you ever charg other criminal offence? If we please provide deta	Yes No No	ed for an offence involving fraud	or any

PARTICULARS FOR LICENSED DEALER	
14. Name of Licensed Dealer:	
15. Registered address of Dealership:	
16. Telephone no. of Dealership:	
DECLARATION	
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 non-approval 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:	
Date:	

FOR OFFICIAL USE

I hereby approved the applicati	ion for registration of
Mr./Mrs./Msdealership.	_on behalf of
Signed by Compliance Manage	r:
Date:	
Comments	
Reviewed by General Manager:	
Date:	
Comments	