



**Mwali International  
Services Authority**

**THE AUTONOMOUS ISLAND OF MWALI (MOHÉLI) REGISTRAR OF COMPANIES**

## **GAMBLING LICENCE**

### **CHANGE OR TERMINATION OF DIRECTOR**

Name of Gambling Company:

.....

Company Registered No. : .....Gambling Licence No.:.....

#### **Terminating Director Details**

Name :..... Surname:.....

Resident Address:.....

.....

.....

.....

Date of Birth (DD/MM/YYYY):.....Place of Birth:.....

Citizenship:.....

Date of termination (DD/MM/YYYY):.....

**ABOVE DIRECTOR THIS DAY RESIGN FROM THE POSITION OF THE PRESIDENT OF THE GAMBLING  
COMPANY AND THE COMPANY APPOINT FOLLOWING NEW DIRECTOR:**

**New Director Details**

Name :..... Surname:.....

Resident Address:.....  
.....  
.....

Tel:..... Fax:.....

Cellular:..... E-mail:.....

Date of Birth (DD/MM/YYYY):.....Place of Birth:.....

Citizenship:.....

Personal ID No.:.....Country of Issue:.....

Drivers Licence ID No.:.....Country of Issue:.....

Passport No.:.....Country of Issue:.....

Date of appointment (DD/MM/YYYY):.....

*(Note: please attach to the application copy of passport or Government ID)*

**Business reference**

Name of Company:.....

Address:.....  
.....

Tel:..... E-mail:.....

**Banking reference**

Name of Bank:.....

Address:.....  
.....

Tel:..... E-mail:.....

I/We applicants sworn and declare with full legal responsibility to the Mwali International Services Authority, Register of Companies and Offshore Gambling Supervisory Authority, that all submitted and filed information are true and correct and are approved by the Board of Directors or shareholders meeting.

Applicant Name and Surname:.....Position in the Company:.....

Applicant Signature:.....

Date of Application:..... Place of Application:.....