GAMBLING LICENCE
NEW SHARE SUBSCRIPTION or
CHANGE OF CAPITAL

REPUBLIC OF KIRIBATI

Issued by the:
Kiribati International Financial Authority (KIFA)
Department: International Licensing & Supervision

Registrar of Companies – Republic of Kiribati

Pursuant to the Kiribati Financial Institutions

Application Type: New share subscription or change of capital

(International / Only Non-Resident)

1. COMPANY DETAILS

Name of Gambling Company: ……

Company Registration Number: …… **Gambling Licence Number:** …….

2. CURRENT AUTHORISED CAPITAL

Authorised Capital of the Gambling Company: ..... ☐ USD ☐ EUR ☐ Other: .....

Total Number of Issued Shares:…….....

Nominal Value / Denomination of Each Share: ..... ☐ USD ☐ EUR ☐ Other: .....

Total Number of Shareholders:
…….....…

3. NEW SHARE SUBSCRIPTION / CAPITAL VARIATION

Nominal Value / Denomination of Each Newly Subscribed Share:

…….. ☐ USD ☐ EUR ☐ Other: ……..…

Number of New Shares Subscribed:.....…

Total New Capital Issued:…..... ☐ USD ☐ EUR ☐ Other: .....

Total Number of Shareholders After Subscription:….....

4. AUTHORISED CAPITAL AFTER SUBSCRIPTION

New Authorised Capital of the Gambling Company:

…… ☐ USD ☐ EUR ☐ Other: ……

Total Number of Issued Shares:……

Nominal Value / Denomination of Each Share:

…… ☐ USD ☐ EUR ☐ Other: ……

Total Number of Shareholders: ……

5. SPECIAL REQUIREMENTS / NOTES (IF ANY)

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6. DECLARATION

I/We, the undersigned, hereby declare under full legal responsibility to the **Kiribati International Financial Authority (KIFA)**, acting as Registrar of Companies and supervisory authority for international gambling activities, that:

1. All information submitted with this notification is true, complete, and accurate.
2. The new share subscription and/or change of capital described above has been duly approved by the Board of Directors and/or the Shareholders' Meeting, in accordance with the company's constitutional documents and applicable laws.
3. The company remains in full compliance with all applicable laws, regulations, licensing conditions, and AML/CFT obligations under the jurisdiction of Kiribati.

Applicant Full Name:.....

Position within the Company:........

Signature:

…….....……..

Date of Application (DD/MM/YYYY): .....**Place of Application:** .....……..……