THE REPUBLIC OF UGANDA

LOTTERIES AND GAMING ACT, 2016

FORM 2

APPLICATION FOR PREQUALIFICATION OF AN INDEPENDENT TESTING LABORATORY

A-PARTICULARS OF THE APPLICANT

Name _____

1

2.	Address							
3.	Nationality							
4.	Country of residence or principal place of business							
5.	Age of applicant (where the applicant is an individual————)							
6.	National Identification Number or passport number in case of foreigners							
7.	Where the applic	ollowing details:						
	Name of shareholder	Nationality	Age	Address (Physical or Postal)				
		F TESTING LABORA						
1.	Name under which the testing laboratory will be operated or established:							
		183						

2.	An address of the testing laboratory- Physical location:							
	Plot No. and Street:							
3.	labo	ratory is to b	e operated or est	d layout of premises ablished. (attach plan he premises)	ns, diagrams and			
4.	List of categories and types of the machines or devices to be tested or certified:							
C - S	SUITA	ABILITY OF	THE APPLICA	NT				
5.	in an		ng laboratory, or a	nmed in this application of the sum of the s				
	Yes		No					
	If ye	s, state –						
	(a)		name	of	business 			
	(b)	the capacit	y in which you	were engaged				
6.	Have	e you or any	of the persons na	amed in this applicati	on or any person			

employed or connected with your business ever been arrested or convicted for any offence or crime or been the subject of a pardon, or amnesty;

Yes			No			
If	yes,	give	particulars:			
	Have you applied for or been refused or been granted* any other licence under the Act or the Regulations or in any other jurisdiction;					
Yes			No			
If s	If so, give particulars					
ted at	• • • • • • • • • • • • • • • • • • • •	this	da	ay of20		
gnatur	e)					

+where the application is made for and on behalf of a partnership or a body corporate it must be signed by a partner or a person authorised to sign for the body corporate, as the case may be.

^{*}Delete as necessary