

DECLARATION

DECLARATION: I have read, understood and agree to Goldchip Ltd. terms and conditions. I am over 18 and not resident in any jurisdiction where gambling is not permitted. I acknowledge that my application will be credit checked for suitability and information purposes and that Goldchip Limited will retain personal information provided or obtained regardless of whether an account is opened. I understand that gambling debts are legally recoverable.

Signature:

Date:

Once completed please send to:

Goldchip
6&7 Feast Field
Horsforth
Leeds
LS18 4TJ

GOLDCHIP
APPLICATION FORM



STEP 1 PERSONAL DETAILS

Please ensure the following steps below are fully completed in order to process your application.

First Name:

Surname:

Date of Birth:

STEP 2 - CONTACT DETAILS

HOME ADDRESS:

House Name/Number:

Address 1:

Address 2:

Town/City:

Postcode:

From time to time Goldchip may send you correspondence regarding your account.

Should we send to the above address?

Yes

IF NOT CHOOSE AN ALTERNATIVE ADDRESS:

House Name/Number:

Address 1:

Address 2:

Town/City:

Postcode:

TELEPHONE & EMAIL ADDRESS:

Email Address:

Mobile Number:

Home Number:

STEP 3 ACCOUNT SECURITY

In order to secure your account and confirm your identity we may ask you a security question, please provide us with a suitable security question to ask you and the appropriate answer.

Secret Question: e.g. MOTHERS MAIDEN NAME?

Secret Answer: e.g. SMITH

STEP 4 - BANK DETAILS

Please enter your bank details for BACS transfer payments.

Bank Name:

Sort Code:

Account Number:

Account statements will be issued on a monthly basis upon request.
Outstanding balances must be settled within the first 7 days of each month.