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## INTERNET GAMING DISCLOSURE STATEMENT

Filing Period: ☐ Initial ☒ Quarterly

Name of person completing this form:

MR DANIEL LAYTON

Name and address of entity or person on whose behalf this form is being filed:

MMGRP Limited T/A MMG Mobile Marketing Group  
145 - 157 St Johns Street  
London  
EC1V 4PW

Principal business or occupation of entity or person on whose behalf this form is being filed:

Managing Director  
MMGRP Limited T/A MMG Mobile Marketing Group  
145 - 157 St Johns Street  
London  
EC1V 4PW

Status of entity or person on whose behalf this form is being filed:

☒ License Holder ☐ Applicant

The entity or person on whose behalf this form is being filed is a holder of or applicant for:

☐ Casino License

☐ Casino Service Industry Enterprise License

☒ Vendor Registration

☐ Permit

☐ Casino Key Employee License

☐ Casino Employee Registration

☐ Qualifier

☐ Other (Please specify)

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## **SCHEDULE A**

or an *initial* filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. A subsequent filings must disclose quarterly information.

*Please refer to paragraph 6 of the Instructions in completing this Schedule.*

| Name of the person, entity or firm to whom any payment, remuneration, benefit or thing of value for professional services was made | Amount of value of such payment(s), remuneration, benefit or thing of value | Date such payment(s), remuneration, benefit or thing of value was made | Reason or purpose for the procurement of professional services |
|--|---|--|--|
| I/A  | 0 USD   | N.A  | N/A  |

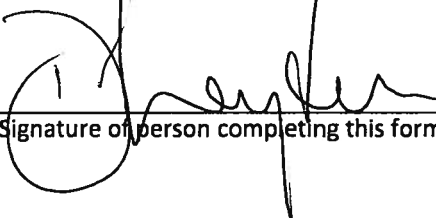
## **SCHEDULE B**

or an initial filing, all information disclosed must date from July 1, 2009 through the date of the initial filing. A subsequent filings must disclose quarterly information.

*Please refer to paragraph 6 of the Instructions in completing this Schedule.*

| Name of the person, entity or firm (offering professional services with regard to internet gaming) from whom any payment, remuneration, benefit or thing of value was received | Amount of value of such payment(s), remuneration, benefit or thing of value | Date such payment(s), remuneration, benefit or thing of value was made | Reason or purpose such payment(s), remuneration, benefit or thing of value was received |
|--|---|--|---|
| I/A  | 0.00 USD  | N.A  | N.A   |

***I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are wilfully false, I am subject to punishment.***

  
Signature of person completing this form

19/02/2014  
Date

Print Form

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