



Focus Business Services (Malta) Limited

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2. System Ownership

2.1 Intellectual Property Rights of Gaming System/Control System software is owned by

2.1.1 Licensee named above

2.1.2 Third Party (provide name here)

2.2 Indicate the relationship with Gaming System software supplier

2.2.1 Profit Sharing

2.2.2 Fixed Fee agreement

2.2.3 One time sale to Licensee named above

2.2.4 Other (e.g. software written in-house)

NOTE Details of any/all Third Parties with rights over Gaming System software, and copies of relevant agreement(s), are required.

2.3 Hardware used for Gaming and Control System is owned by

2.3.1 Licensee named above

2.3.2 Leased through Third Party

NOTE Details of any/all Third Parties with rights over Gaming System hardware, and copies of relevant agreement(s), are required.

Hardware used for Gaming and Control System will be supported by

2.3.3 Licensee named above

2.3.4 Contract with Third Party

NOTE Details of any/all Third Parties with access to Gaming System software or hardware, and copies of relevant agreement(s), are required.

2.4 Are agents engaged as re-sellers of Gaming System service Y N

2.5 If yes, does the licensee owns the agencies: Y N



4. Solemn Declaration

I, _____ of _____ solemnly declare that:

As the appointed Key Official of _____ (Name of Commercial Partnership)

I have personally completed the Business Entity Information Form to which this Declaration is appended. I am aware that any changes to the details provided herein are to be notified to the Authority within a week of the event becoming known to me.

Further I declare that the entire Business Entity Information Form, statements and attachments are true and correct to the best of my knowledge and belief.

Further I am aware that later discovery or omission or misrepresentation made in the above statements may be grounds for the denial of a temporary gaming licence or the suspension or cancellation of a licence granted by the Authority.

By this declaration I recognise the right of the Authority to visit the premises named above to conduct such audits as deemed necessary under Legal Notice 176 of 2004. I fully authorise employees of _____ to release information relating to the operations to the Authority.

Signature _____

Date

DD	MM	YY		

Witnessed by _____ at _____ this _____

(Name of Witness in block letters)

Signature of Witness _____

Capacity of Witness _____



Data Protection Clause

The Lotteries and Gaming Authority is a data controller under the terms of the Data Protection Act Chapter 440 of the Laws of Malta. The information provided on this legal form will be processed for the purposes necessary for the Authority to carry out its functions and meet its legal obligations.

The data may be shared with third parties who fulfil a service on behalf of and under the express instructions of the Authority and other bodies where it is necessary to do so in order to carry out the Authority's functions and where the Authority is legally required or permitted to do so.

The Authority will not discriminate unfairly against any subject of a disclosure on the basis of conviction or other information revealed. However, the existence of a conviction for an offence deemed relevant by the Authority is a ground to refuse a licence.

Any material or information which you send to us and which we record will be treated as confidential and will only be disclosed to others where it is necessary to do so in order to carry out the Authority's functions or where the Authority is required by law to disclose the information.

Enclosures

Please mark the boxes if any of the following enclosures have been attached and indicate Number of Copies

- Letter of Appointment of Legal Representative
(No need for this Letter if the person submitting this Form is a director/partner, Company Secretary or the appointed Key Official)
- Copy of Memorandum and Articles of Association
- Partnership Agreement (in case of a Partnership)
- Police Conduct Certificate (issued during the last 6 months)
- Certificate of Registration of Commercial Partnership

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note – Your application will not be considered unless all relevant questions have been completed and the required documents submitted in full. Failure to provide the above information or to provide further information when requested by the Authority may result in your application being determined based on the information available to the Authority at the time which may affect the outcome of your application.

Warning - Any misrepresentation in completing this form may render the attached Declaration Form void.