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Form No.



LOTTERIES AND GAMING AUTHORITY

REQUEST FOR THE LOTTERIES AND GAMING AUTHORITY'S APPROVAL OF A PERSON TO BE EMPLOYED OR PERMITTED TO WORK IN RELATION TO REMOTE GAMING OPERATION.

(TO BE LODGED BY THE KEY OFFICIAL GRANTED A PERMISSION TO OPERATE REMOTE GAMING)

For official use only

Licence No.

**Date of issue of
Licence**

Part 1 – To be filled in by the applicant in respect of whom a Lotteries and Gaming Authority approval is sought.

1. Surname:

2. Name:

3. Title (Mr. Mrs. Miss Ms.):

4. Maiden or any former name:

5. Identification Number:

6. (a) Date of Birth:

PHOTO

(b) Place of Birth:

(c) Nationality:

7. Full address abroad:

8. Full address in Malta:

(a) Street 1:

(a) Street 1:

(b) Street 2:

(c) Town:

(b) Street 2:

(d) Country:

(e) Post Code:

(c) Town:

(d) Post Code:

Tel/Fax Numbers:

Tel/Fax Numbers:

<p>9. Function in respect of which the person is to be employed or permitted to work.</p> <p>.....</p> <p>.....</p>													
<p>10. Name and address of the person (company) granted a permission to operate a betting office and by whom the prospective employee is to be employed or permitted to work:</p>													
<p>(a) Name of Person (Company) Granted a Permission:</p>													
<p>(b) Address:</p> <p>.....</p>													
<p>11. (a) Has an application or request for approval ever been lodged on your behalf to the Lotteries and Gaming Authority?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">YES</td> <td style="text-align: center; padding: 5px;">NO</td> </tr> </table>	YES	NO										
YES	NO												
<p>(b) IF 'YES' give details:</p> <p>.....</p> <p>.....</p>													
<p>12. (a) Have you ever been found guilty of an offence or accepted a formal caution in Malta or abroad? (ALL findings of guilt, excluding contraventions, must be disclosed whether or not they have previously been declared to the Authority).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">YES</td> <td style="text-align: center; padding: 5px;">NO</td> </tr> </table>	YES	NO										
YES	NO												
<p>(b) IF 'YES' give full details:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black; width: 30%;">Court</th> <th style="text-align: center; border-bottom: 1px solid black; width: 20%;">Date</th> <th style="text-align: center; border-bottom: 1px solid black; width: 30%;">Offence</th> <th style="text-align: center; border-bottom: 1px solid black; width: 20%;">Penalty</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>		Court	Date	Offence	Penalty
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<p>13. (a) Are there any pending proceedings, or is there any reason to believe that some kind of prosecution may be pending against you?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">YES</td> <td style="text-align: center; padding: 5px;">NO</td> </tr> </table>	YES	NO										
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YES	NO												
<p>14. Where, before a request for the Lotteries and Gaming Authority approval to work in relation to a Remote Gaming is determined, or while such approval is in force, a change occurs in a matter set out in, or in any documents lodged in connection with, this request for approval, the person concerned shall within a reasonable time but not later than thirty (30) days after the change occurred, give the Authority written particulars of that change.</p>													

15. I certify that to the best of my knowledge and belief the information given in this declaration is complete and correct and the accompanying signed photographs are a recent likeness of myself.

(Date)

(Signature of proposed Employee)

Please enclose:

(i) two (2) passport sized colour photographs signed and dated on back

(ii) if this is your first request, your birth certificate (original)

(iii) a police certificate of conduct (original) issued by the Police Department not earlier than one month prior to the submission of this request.

PART I – TO BE FILLED IN BY PROSPECTIVE EMPLOYER

**RECOMMENDATION AND CERTIFICATION BY THE KEY OFFICIAL GRANTED
A PERMISSION TO OPERATE A REMOTE GAMING**

As the Key Official of the remote gaming license, I declare that

_____ and with

(name of employee)

identification No. _____ that I have made such enquiries deemed appropriate and have interviewed him/her. To the best of my knowledge the above candidate is suitable to be employed or to be permitted to work in relation to the operations of a Remote Gaming. In the event that the necessary Lotteries and Gaming Authority approval is obtained, it is my intention to engage him/her

in the function/s of _____

(Date)

(Signature of Person Granted a Permission)

Name in BLOCK LETTERS	
Position held	
Name of Company	

(To be signed by the person granted a permission to operate a Remote Gaming in which the prospective employee is to be employed, or a person authorised to sign on his behalf.)

FOR OFFICIAL USE ONLY:

PART II – AUTHORISATION TO PROCESS PERSONAL DATA

I, _____ as the person identified in this Application form hereby authorise the Lotteries and Gaming Authority to conduct a complete investigation using whatever legal means they deem appropriate. I hereby authorise any person or entity contacted by the Lotteries and Gaming Authority to provide any and all such data deemed necessary by the Lotteries and Gaming Authority. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorisation on behalf of the applicant, a financial record check may be performed. On behalf of the applicant, I authorise any banking and, or financial institution to surrender to the Gaming Authority a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to internal banking memoranda, past and present loan applications, financial statements and any other documents relating to business financial records in whatever form and wherever located.

The Gaming Authority reserves the right to investigate all relevant data and facts to their satisfaction. I understand that the Gaming Authority may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. I, on behalf of the Applicant, hereby release, waive, discharge and agree not to hold liable the Gaming Authority for the receipt and use of such data, other than for unlawful processing of such information, acquired during investigations and inquiries. I hereby authorise the lawful use, disclosure or publication of this data.

I understand that by signing this authorisation, I am giving my explicit consent to the Lotteries and Gaming Authority to collect and process personal data, including sensitive personal data which relates to the data subject

Applicant's Name

Printed Name of Legal Representative

Designation _____ Signature _____

Date:

Data Protection Clause

All data submitted by applicant to the Authority shall be processed or otherwise used according to the provisions of the Data Protection Act.