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Lotteries and Gaming Authority



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Form LGA/51/2010-01

Remote Gaming Licence Application Form

- Please complete in Block Capitals and in black ink and return this completed form to the Lotteries and Gaming Authority (the 'Authority').
- All answers must be completed in English.
- Documents provided in other languages must have a signed English translation attached thereto and certified that it is a true copy and translation of any original.
- Use N/A in response to any question which is not applicable.
- If there is not enough space on this form for any particular answer kindly attach a sheet hereto. Write the section number at the top of the sheet and your signature.
- The Authority reserves the right to request additional information.
- The Authority considers that the Remote Gaming Regulations (Legal Notice 176 of 2004) issued under the Lotteries
 and Other Games Act (Cap 438 of the Laws of Malta) empowers the Authority to request any person wanting to
 obtain a remote gaming licence to operate or promote or sell or abet remote gaming in and from Malta to fill in this
 Application Form.
- If there are any changes in the information provided in the Application Form between the date the application was submitted and the date it is determined, it is the Applicant's responsibility to advise the Lotteries and Gaming Authority immediately. Failure to do so could result in suspension or revocation of the relevant licence.
- This Application Form shall not be accepted if the relevant application fee is not provided to the Authority.

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Nar	Name of Representative																									
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1. Class of Licence

1.1	Indicate the class of licence
	Class 1 Licence
	Class 2 Licence
	Class 3 Licence
	Class 4 Licence
1.2	Indicate the Proposed Class 4 Platform to be operated on (if applicable)
2. 2.1	Application Fees Application Fee for all Remote Gaming Classes: two thousand, three hundred and twenty nine Euros (€2,329).
3.	Representative Contact Person
3.1	Name and Surname
3.2	Profession
3.3	Name of Firm (If Applicable)
3.4	Address of Firm (If Applicable)
3.5	Office Number 3.6 Cell Number
3.7	Fax Number
3.8	Email Address
3.9	State the type of relation with the Applicant
	Involved Party Director Legal Representative Other
3.10	Are you legally empowered to represent the Applicant?
	Yes (If Yes,Document delegating these powers must be attached)
	No No



4. Body Corporate (Applicant) Details

4.1	Name o	f Regis	stere	d Bo	dy C	orpo	orat	е																						
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3.	Lice	ensing	and Operating History
	5.1	The App	licant is establishing a new gaming operation with no previous record of gaming.
	5.2	The App 5.2.1	licant has financial interests in gaming operations already operating in Malta or abroad: Current major gaming activities Betting (includes sportsbooks, betting shops) Betting Exchange Casino, lotteries, poker rooms, Bingo, Other, please specify
		5.2.2	Structure of Body Corporate seeking a licence in Malta as per Business Plan: Single Member Entity Parent Entity Subsidiary Entity
		5.2.3	List all Countries of Incorporation and the dates of registration Countries Date
			Countries Date
			Countries Date
			Countries Date
			Countries Date
			Countries Date
		5.2.4	List all Countries where the Corporate Body has a relevant gaming licence Countries
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6. Declaration

I, (Name and Surname)	of Identity Ca	rd Number	
and residing at			solemnly declare
that as the appointed Key Official of (Applicant/Body Corporat	e Name)		
I have personally completed this Remote Gaming Licence App	lication Form to whic	th this Declaration	is appended to.
I hereby certify that all statements contained in and attached the best of my knowledge and complete.	to this Remote Gamir	ng Application Form	m are correct to
I confirm that all the information that I have submitted in suppunderstand that knowingly making a false statement for this p			
I understand that misrepresentation or failure to submit any in Authority (the 'Authority') shall be deemed as good and suffici Licence being applied for or for an eventual revocation if such stage.	ent cause for a refus	al to issue a Remo	te Gaming
I understand that should the information provided in relation to are any changes in the information provided in the Application and the date it is determined, it is my responsibility to advise to any licence subsequently issued being reviewed and possibly	n Form between the d the Authority immedi	ate the applicatior ately. Failure to do	was submitted
The Authority may request confirmation or further information evidence or documentation I have provided in support of this A request and receive information about me from such third par	Application Form. I a		
By signing this declaration I am agreeing to all of the above	statements.		
Signature		Date	DD MM YY
Witnessed by:	at	this	
(Name of Witness in block letters)			
Signature of Witness	_		
Capacity of Witness	_		

4. Authorisation to Release Information

l,	, as the appointed Key Official legally empowered to act for and
on behalf of the (Name of Applicant)	, identified in this Application
Form hereby declare on behalf of the Applicant	that –
I understand that the Lotteries and Gaming Autand facts to their satisfaction.	hority (the 'Authority') reserves the right to investigate all relevant data
information gathered and I hereby release, wai	and comprehensive investigation to determine the accuracy of all ve, discharge and agree not to hold the Authority responsible for the awful processing of such information, acquired during investigations
I authorise any person or entity contacted by th Authority. I hereby waive any rights of confiden	e Authority to provide any and all such data deemed necessary by the iality in this regard.
I understand that by signing this authorisation	on behalf of the applicant, a financial record check may be performed.
record of any transactions that may have occur	institution to surrender to the Authority a complete and accurate red with that institution, including, but not limited to internal banking s, financial statements and any other documents relating to business or located.
I hereby authorise the lawful use, disclosure or	publication of this data.
	I am giving my explicit consent to the Authority to collect and process which relates to the data subject/s involved in the operation of the y powers to grant this authorisation.
Signature Ide	ntity Card Number

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 fulfill 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

•	Copies of Patents and/or Trademarks (if applicable)			
•	Document Delegating Powers to Representative			
•	Copy of any Other Relevant Gaming Licence/s			
•	Copies of published Audited Accounts (last three - if applicable)			
•	3-Year Business Plan			
•	Remote Gaming Licence Application Fee (indicate payment method)			
•	Personal Declaration Form/s			
•	Personal Declaration Form (Key Official) (if applicable)			

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.