



# Focus Business Services (Malta) Limited

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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. Application Fees

2.1 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





### 3. Licensing and Operating History

5.1 The Applicant is establishing a new gaming operation with no previous record of gaming.

5.2 The Applicant has financial interests in gaming operations already operating in Malta or abroad:

5.2.1 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

5.2.4 List all Countries where the Corporate Body has a relevant gaming licence




## 6. Declaration

I, (Name and Surname) \_\_\_\_\_ of Identity Card Number \_\_\_\_\_  
and residing at \_\_\_\_\_, solemnly declare  
that as the appointed Key Official of (Applicant/Body Corporate Name) \_\_\_\_\_ -

I have personally completed this Remote Gaming Licence Application Form to which this Declaration is appended to.

I hereby certify that all statements contained in and attached to this Remote Gaming Application Form are correct to the best of my knowledge and complete.

I confirm that all the information that I have submitted in support of this application is complete and true and that I understand that knowingly making a false statement for this purpose is tantamount to a criminal offence.

I understand that misrepresentation or failure to submit any information requested by the Lotteries and Gaming Authority (the 'Authority') shall be deemed as good and sufficient cause for a refusal to issue a Remote Gaming Licence being applied for or for an eventual revocation if such misrepresentation or failure is discovered at a later stage.

I understand that should the information provided in relation to this Application Form cease to be correct, or 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 my responsibility to advise the Authority immediately. Failure to do so could result in any licence subsequently issued being reviewed and possibly suspended or revoked.

The Authority may request confirmation or further information from any appropriate third parties in respect of evidence or documentation I have provided in support of this Application Form. I agree to authorize the Authority to request and receive information about me from such third parties.

**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

I, \_\_\_\_\_, 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 Authority (the 'Authority') reserves the right to investigate all relevant data and facts to their satisfaction.

I authorise the Authority to conduct a complete and comprehensive investigation to determine the accuracy of all information gathered and I hereby release, waive, discharge and agree not to hold the Authority responsible for the receipt and use of such data, other than for unlawful processing of such information, acquired during investigations and inquiries.

I authorise any person or entity contacted by the Authority to provide any and all such data deemed necessary by the 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.

I hereby authorise any banking and, or financial institution to surrender to the Authority a complete and accurate record of any 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.

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 Authority to collect and process personal data, including sensitive personal data which relates to the data subject/s involved in the operation of the applicant and I declare that I have the necessary powers to grant this authorisation.

Signature \_\_\_\_\_

**Identity Card Number**

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**Date**

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DD MM YY



## 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)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Document Delegating Powers to Representative                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copy of any Other Relevant Gaming Licence/s                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copies of published Audited Accounts (last three - if applicable)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 3-Year Business Plan  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Remote Gaming Licence Application Fee (indicate payment method _____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Personal Declaration Form/s   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Personal Declaration Form (Key Official) (if applicable)              | <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.**