Lotteries and Gaming Authority

Suite 1, Level 3, TG Complex, Brewery Street, Mriehel, BKR 3000. Malta
Tel +356 25469000, Fax +356 21446950, Email: info@lga.org.mt
www.lga.org.mt

Form LGA/CA/01/2010

Casino Licence Application Form

- Please complete in block capitals and in black ink and return this completed form to the Lotteries and Gaming Authority.
- All answers must be completed in English.
- Documents provided in other languages must have a certified English translation attached thereto.
- 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 the signature
- The Authority reserves the right to request additional information.
- The Lotteries and Gaming Authority considers that the Gaming Act (Cap 400 of the Laws of Malta) empowers the Authority to request any person wanting to obtain a casino licence to operate a casino in Malta (subject to a Government Concession given to that effect) 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.

Name of Applicant

Name of Representative

Applicant's Trade Name

Last Updated on May, 2011

1. Representative Contact Person

1.1 Name and Surname

1.2 Profession

1.3 Name of Firm (If Applicable)

1.4 Address of Firm (If Applicable)

1.5 Office Number

1.6 Cell Number

1.7 Fax Number

1.8 Email Address

1.9 State the type of relation with the Applicant

☐ Involved Party ☐ Director ☐ Legal Representative ☐ Other_____

1.10 Are you legally empowered to represent the Applicant?

☐ Yes

☐ No

2. Body Corporate (Applicant) Details

2.1 Name of Registered Body Corporate

2.1 List all Registered Ultimate Beneficiaries

2.3 List all Registered Directors

Last Updated on May, 2011

2.4 Registered Body Corporate Address

2.5 Indicate any other relevant premises which shall be used in connection with the proposed Gaming Operation

2.6 List all addresses at which you have been permanently resident over the last five (5) years beginning with your current address and working backwards. Show the period at each residence.

☐ Yes (Patent/Trademark Number/s

Status

Country of Issue

☐ No

3. Licensing and Operating History

☐ **3.1 The Applicant is establishing a new gaming operation with no previous record of gaming.**

☐ **3.2 The Applicant has financial interests in gaming operations already operating in Malta or abroad**

3.2.1 Current major gaming activities

- ☐ Betting (includes sportsbooks, betting shops)
- ☐ Betting Exchange
- ☐ Casino, lotteries, poker rooms, Bingo,
- ☐ Remote Gaming etc.
- ☐ Other, please specify_____

3.2.2 Structure of Body Corporate seeking a licence in Malta as per Business Plan

- ☐ Single Member Entity
- ☐ Parent Entity
- ☐ Subsidiary Entity

3.2.2 List all Countries of Incorporation and the dates of registration

Countries	Date
Countries	Date
Countries	Date
Countries	Date
Countries	Date
Countries	Date

Last Updated on May, 2011

4. Declaration

I, (Name and Surname)_____ holding Identity Card Number

_____ and residing at _____,

solemnly declare that –:

As the appointed contact person of (Applicant Name) _____ -

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

I hereby certify that all statements contained in, and attached to this 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 Form 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 shall be deemed as good and sufficient cause for a refusal to issue a Casino 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 Lotteries and Gaming Authority immediately. Failure to do so could result in any licence subsequently issued being reviewed and possibly cancelled.

The Lotteries and Gaming 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 Lotteries and Gaming Authority to request and receive information about such evidence or documentation 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 _____

Last Updated on May, 2011

5. Authorisation to Release Information

I, _____, as the appointed Contact Person legally empowered to act for and

on behalf of (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 analysis 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** | | | | | | | **Date** | | | | | | | | DD MM YY

Data Protection Clause

The Lotteries and Gaming Authority (the '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

- Copies of Patents and/or Trademarks (if applicable) ☐ ☐
- Company Registration Certificate of Applicant ☐ ☐
- Document Delegating Powers to Representative ☐ ☐
- Copies of published Audited Accounts of shareholders (last year - if applicable) ☐ ☐
- 10-Year Business Plan ☐ ☐
- Personal Declaration Form/s ☐ ☐
- Other relevant documentation (Please Specify_____) ☐ ☐

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 this Application Form void.

Last Updated on May, 2011