**Self-Barring Request Application Form**

* Please complete in electronic format, or in block capitals and in blue ink.
* This Application Form must be filled by the person wishing to exclude himself from gaming for a definite or indefinite period of time.
* At least one identification field (National ID, Passport, or Driving Licence) needs to be declared.
* This Application Form is to be submitted by hand, by the person whose details appear on the form, together with valid identification, in any of the following organisations:

Malta Gaming Authority – Smart City

Responsible Gaming Foundation – Birkirkara

All Authorised Gaming Premises

* Use N/A (Not Applicable) in response to any fields which do not apply.
* If no period is specified, a twelve (12) month non-recurring ban shall be applied by default.
* If this Application Form is not signed by the person requesting the exclusion or left unsigned, it is considered null and void.
* Persons who are confirmed by a competent medical professional as being pathological gamblers must present proof of such diagnosis together with this Application Form.
* This Application Form may also be filled by interested persons for any person who has been medically diagnosed as a pathological gambler specifying their interest in the welfare of such person and submitting all the necessary documentation together with this Application Form.
* If there are any changes to the information provided in the Application Form, it is the Applicant’s responsibility to advise the Authority immediately.
* Any misrepresentation in completing this form may render the Application Form void. If any enclosures are not submitted, rationale for non-submission needs to be provided.

# Personal Details

1.1 Name

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1.2 Surname

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1.3 Present Official Address

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1.4 Country 1.5 Nationality

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1.6 Phone Number 1.7 Mobile Phone Number

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1.8 Passport Number 1.9 Place of Issue

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1.10 Driving License Number 1.11 Place of Issue

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1.12 Identification Number 1.13 Date of Birth

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1.14 Gender

Male  Female  X

1.15 I request the ban is valid for a period of:

Six (6) months  Twelve (12) months  Twelve (12) months Auto-Renew

By signing this Self-Barring Request Form (the ‘Form’), I am declaring that I understand and agree with the declarations attached to this Form.

Name and Surname

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Player’s Signature

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Date

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For Official Use

This Self-Barring Request Form has been received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [DATE] by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [NAME & SURNAME] holding the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [NAME OF LICENSEE] at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ADDRESS].

# Declaration of Applicant

I hereby request that, with immediate effect, a ban and restriction is placed on my admission to enter any gaming premises or controlled gaming premises licensed by the Malta Gaming Authority (hereinafter the ‘Authority’), inclusive of, but not limited to, bingo halls, casinos and gaming parlours.

I understand that my request is being formulated according to Article 11(1) of the *Player Protection Directive, 2018.*

I understand that should I fail to specify the period of validity of the ban I am hereby applying for, such ban shall automatically be considered valid for one (1) year.

The ban hereby being requested shall not be cancelled before its expiry.

I understand that the ban shall no longer be valid as from 8am of the following day after either the six (6) month or one (1) year period, whichever I have applied for, has lapsed.

I declare that I am voluntarily requesting to be self-barred and I understand that this request applies and is effective in all gaming premises or controlled gaming premises in Malta and Gozo.

I understand that this barring shall become effective as from the date when I present this Form in any licensed gaming premises or controlled gaming premises. If the Form is submitted at the Authority during its office hours (i.e. Monday to Friday, 9am to 4pm), the barring shall be effective as from the next working day from when it is received by the Authority.

I understand that the Authority, assisted by all concerned parties, shall implement means to restrict my entrance into all licensed land-based gaming premises and controlled gaming premises. This notwithstanding, it is my responsibility, first and foremost, to assure that I do not contravene my request to be barred from such premises. Furthermore, I acknowledge that entering a licensed gaming premises or controlled gaming premises during the period I have chosen to be barred is tantamount to an offence and is punishable in accordance with the Gaming Act (Chapter 583 of the Laws of Malta) (the ‘Act’) and the regulatory instruments issued thereunder.

I certify that all the information contained in this Form is correct and accurate and I understand that submitting misleading or incorrect information is tantamount to a false declaration to a public authority.

I understand that for security and protection of personal data reasons I shall not send the Form by post. Furthermore I declare that I have personally submitted this Form.

I understand that the information provided on this Form shall 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.

I understand that any material or information which I send to the Authority and which the Authority records 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.

Notwithstanding the above, I am granting to the Authority an unconditional authorisation to transfer my information to all operators licensed by the Authority in order to implement the self-barring mechanism.