

# Controlled Gaming Premises 'No Objection' Certificate Application Form

- Please complete in electronic format, or in block capitals and in blue ink, and return this completed form to the Malta Gaming Authority (the 'Authority').
- This Application Form must be submitted for a new application with the Authority and must be filled in by any person legally authorised to represent the Applicant.
- All answers must be completed in English. Documents provided in other languages, except
  Maltese, must have an English translation attached thereto. The translation needs to be dated,
  signed and certified by an independent person of proven competence confirming a faithful
  translation of the 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. The section number should be written at the top of the sheet and the person legally authorised to represent the Applicant must sign such additional sheets.
- The Authority reserves the right to request additional information. Failure to provide any information when requested by the Authority may result in the Application Form being delayed or determined based on the information available to the Authority at the time which may affect the outcome of the application.
- This Application Form is to be filled by an authorized person who wants to obtain a Controlled Gaming Premises 'No Objection' Certificate as per the Gaming Premises Directive 2 of 2019.
- If there are any changes to the information provided in the Application Form, it is the Applicant's responsibility to advise the Authority immediately. Failure to do so could result in suspension or revocation of the relevant permit.
- Any misrepresentation in completing this form may render the following Application Form void. If any enclosures are not submitted, rationale for non-submission needs to be provided.

Name of Applicant		
Address of Proposed Premises		



1	Details of Applicant		
1.1	Name and Surname		
1.2	I.D. or Passport Number		
1.3	Address		
1.4	Phone Number	1.5	Cell Number
1.6	Email Address		
2	Details of Applicant (if Body Co	rpora	ite)
2.1	Name of Body Corporate		
2.2	Registration Number		
2.3	Registered Address		



3	Details of Premises
3.1	Location Address:
3.2	Type of Development Permit being applied for with MEPA: (please indicate)
	New Development Change of use



4	<b>Declaration of Architec</b>	t
	me and Surname)by declare on behalf of the Applicant	as a qualified Architect and Civil Engineer ::
		mises
		(insert address) and located
defir deve with	ned in the Gaming Premises Directive elopment application (in accordance v	proposed to be used as a Controlled Gaming Premises (as 2 of 2019), and to form the subject of a Planning Authority (PA with regulation 14 of the Gaming Premises Regulations), as welled Gaming Premises 'No Objection' Procedure of the Gaming
By si	gning this declaration, I am agreeing t	to all of the above statements.
Signa	ature	Date:
		(DD/MM/YYYY)
Offic	ee Address:	
Cont	act Number:	

Email Address: \_\_\_\_\_\_



### 5 Declaration of Applicant

I, (Name and Surname)	of Identity Card Number
and residing at	
	, solemnly declare that as the B2C
Licensee / representative of the B2C Licensee (delete a	ccordingly):

I have personally completed this Controlled Gaming Premises 'No Objection' Certificate Application Form (the "Application Form") to which this Declaration is appended to.

I confirm that any and all access points to the premises are located at a radial distance of not less than seventy-five metres (75m) from the respective entry points at the perimeter of such places, locations, premises or establishments as may be determined by the Malta Gaming Authority (the 'Authority') from time to time by means of the Gaming Premises Directive (Directive 2 of 2019);

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 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 Authority shall be deemed as good and sufficient cause for a refusal to issue a No Objection Certificate 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, it is my responsibility to advise the Authority immediately. Failure to do so could result in any approval 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 authorise the Authority to request and receive information from such third parties;

By signing this declaration, I am agreeing to all of the above statements.



Signature	Date	
Witnessed bya	at	this
(Name of Witness in block letters)		
Signature of Witness		
Capacity of Witness		



## 6 Authorisation to Release Information

I, as the Applicant / representative legally
empowered on behalf of the applicant body corporate (delete accordingly), identified in this Controlled Gaming Premises 'No Objection' Certificate Application Form hereby declare that –
I understand that the Malta 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, a financial record check may be performed.
I hereby authorise the lawful use, disclosure or publication of this data in accordance with all applicable laws including the Freedom of Information Act.
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:



#### 7 Terms & Conditions

Any reference to 'applicant' below refers to the Controlled Gaming Premises 'No Objection' Certificate Applicant, to the person entrusted with being the appointed legal representative and contact person of the Controlled Gaming Premises 'No Objection' Certificate Applicant, and to the persons to whom any specific section of the Application may relate, as applicable. By completing this Application, the applicant confirms that he/she is aware of the right of the Authority to investigate all relevant information and documentation to its satisfaction. The purpose of the investigation, carried out at the discretion of the Authority, is to determine the accuracy of all information submitted and any other information relevant to the Application, including any personal information pertaining to the applicant, and to consider whether the Application satisfies the criteria at law for the authorisation applied for to be granted. By submitting this application, the applicant hereby releases, waives, discharges and agrees not to hold the Authority responsible for the receipt and use of such data acquired during investigations and inquiries, other than for unlawful processing of such information.

This investigation may require the surrender of all the relevant information relative to the Application and the relevant person applying for the Controlled Gaming Premises 'No Objection' Certificate, day-to-day operations, by any person and/or entity, including any banking, credit, and/or financial institution and/or any other entity, institution, or service provider. By submitting this application, and agreeing to the terms herein, the applicant acknowledges that the said persons or entities may surrender such information, which may include any personal information, as well as information relating to the Application and/or the relevant person applying for the Controlled Gaming Premises 'No Objection' Certificate, day-to-day operations, a complete and accurate record of any transactions that may have occurred with that person applying for the Controlled Gaming Premises 'No Objection' Certificate, including but not limited to internal banking memoranda, past and present loan applications, authorised company officials as notified to the institution or entity, financial statements, and any other documents and/or information relating to business financial records in whatever form and wherever located and pertaining to the relevant person applying for the Controlled Gaming Premises 'No Objection' Certificate relationship with that institution and any other information which the Authority may, at its discretion, require.

The Authority may lawfully use, disclose and publish all the information, including any personal information, gathered by virtue of this Application, and any attached documentation, including information garnered from any third parties as detailed above.



Furthermore, by completing this Application, the applicant confirms that to the best of his/her knowledge, the information contained in this Application, and in any attached documentation, is true and complete, and to the best of his/her knowledge there is no other information and/or documentation which should be brought to the cognizance of the Authority for its consideration of this Application. The applicant acknowledges that submitting false, incomplete, or otherwise misleading information and/or documentation to the Authority is a criminal offence, and may render this Application, or sections thereof, null and void, and give rise to other sanctions. The applicant undertakes that should the information provided in relation to this Application cease to be correct, or if there are any changes in the information provided in the Application, he/she shall advise the Authority immediately thereof. The failure to do so could result in any permit issued being reviewed and possibly suspended or revoked.

All personal data provided to the Authority by virtue of the Application, and/or any attached documentation, will be processed in accordance with the Authority's Privacy Policy, which is accessible from the MGA Portal or from the Authority's website. For any queries relating to the manner in which the Authority processes any data, please contact the Authority's DPO on dpo.mga@mga.org.mt.

The validity of the entire Application is subject to the above-listed conditions.



#### 8 Enclosures

Please mark the boxes for the following enclosures to be attached with this Application Form

•	All the documents listed in the Gaming Premises Directive (Directive 2 of 2019)	
•	Certified True Copy of the relevant PA Full Development permit issued in favour of the proposed premises	
•	A plan to scale of the premises	

**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 Malta Gaming Authority (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.