**Application for the Exhibition of Gaming Devices**

* 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 sheet or 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 being delayed or determined based on the information available to the Authority at the time which may affect the outcome of the application.
* 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 approval.
* Any misrepresentation in completing this form may render the following Application Form void.

Name and Surname (of representative)

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Designation

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Name of the Company applying for the approval to Exhibit Gaming Devices

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# Contact Details

* 1. Company Address

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* 1. Office telephone number 1.3 ID Card number

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* 1. Mobile number 1.5 Email Address

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* 1. Name of Exhibition/Fair

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1.7 Location Address of Exhibited Gaming Device/s:

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1.8 Nature/Description of Event:

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1.9 Type of Gaming Device to be Exhibited:

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1.10 Dates of Exhibited Gaming Device/s:

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| **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (DD/MM/YYYY) (DD/MM/YYYY) |

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1.11 Number of Gaming Device/s to be exhibited for which the approval is being requested:

# Declaration

I, (Name and Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Identity Card/Passport Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ solemnly declare that as the appointed representative contact person of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant Name).

I have personally completed the Exhibition of Gaming Devices Application Form (the ‘Application Form’) to which this Declaration is appended.

I hereby declare that the exhibited Gaming Devices will not be used to offer a gaming service.

I hereby certify that all the information provided and all the statements contained in and attached to this Application Form are correct, accurate, complete and true to the best of my knowledge, information and belief, and that there are no other facts relevant to this Application Form of which the Malta Gaming Authority (the ‘Authority’) should be made aware;

I confirm that I understand that knowingly or recklessly making a false statement to the Authority may be 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 the Gaming Approval being applied for or an eventual revocation if such misrepresentation or failure is discovered at a later stage;

I undertake 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, I shall advise the Authority immediately thereof. I understand that failure to do so could result in any Approval issued being reviewed and possibly suspended and/or revoked;

I understand that the Authority may at any time, and at its discretion, request confirmation or any other information as it deems necessary or appropriate from any third parties in respect of any information or documentation I have provided herein or in support of this Application Form;

I confirm that there is no other relevant information which the Authority should be aware of and I have not withheld or misrepresented any material fact;

I confirm that I understand that the validity of the entire Application Form is subject to the above-listed conditions, as well as the terms and conditions included within the application form, and replicated herein.

Signature (of Representative) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DD/MM/YYYY)

Signature (of Witness) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Witness in block letters) (location) (DD/MM/YYYY)

Capacity (of Witness) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Terms & Conditions

Any reference to ‘applicant’ below refers to the Permit Applicant, to the person entrusted with being the appointed legal representative and contact person of the Permit 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 and/or non-profit entity, 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 and/or non-profit entity’s day-to-day operations, a complete and accurate record of any transactions that may have occurred with that person or non-profit entity, 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 and/or non-profit entity’s 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](mailto:dpo.mga@mga.org.mt).

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

# Enclosures

Please mark the boxes if any of the following enclosures have been attached and indicate the Number of Copies

* Original or certified true copy of passport and, or Identity card
* Twenty-five (€25) Approval fee per application form

**Fee paid by means of: Cheque Bank Transfer**

**Note** - The application shall not be processed if not accompanied by the relevant payment.