

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.

Month/Year	Street and No.										
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City	Province/State	Country									

Month/Year	Street and No.										
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City	Province/State	Country									

2.7 Is your country of residence different from your country of domicile? Y N

2.7.1 If yes, please specify

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3. Arrests, Detentions and Litigation

3.1 Have you ever been charged, arrested or summoned for an offence, regardless of the disposition, in any jurisdiction? Y N

3.1.1 If yes, give details in the space provided below. List all cases without exception.

Nature of Offence	City/ProvinceState/Country	Date of Offence	Result of Hearing or other disposition								
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- 3.2 Have you ever been a party in a civil lawsuit in which an amount exceeding €3,500 was claimed, or are you aware of any such action that may be on pending? (if Yes please provide details an attachment sheet). Y N
- 3.3 Have you ever had a judgement entered against you? (if Yes please provide details on an attachment sheet) Y N
- 3.4 Has your salary, wage, earnings or other income been subject to garnishee order, attachment or other judicial proceeding? Y N
- 3.5 Have you ever had an article repossessed by a finance company or other institution? (if Yes please provide details on an attachment sheet) Y N

4. Employment

4.1 Beginning with your current employment, list your work history in the last five (5) years.

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

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Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

4.2 Have you ever been dismissed, discharged or asked to resign from any employment?

Y N

4.2.1 If Yes, complete the following

Employer Name and Address

Supervisor's Name

Date

Reasons for Dismissal Discharge or Resignation

Employer Name and Address

Supervisor's Name

Date

Reasons for Dismissal Discharge or Resignation

5. Directorships and Business Affiliations

5.1 On an attached page, provide full details of any other directorships, partnerships or other business interests or affiliations which you are currently associated or previously associated.

5.2 Are you or have you been associated with the ownership, administration or management of, or held any financial interest in.

- | | | |
|--|----------------------------|----------------------------|
| A casino | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Lottery operations | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Remote Gaming operation | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Sports betting and betting shops | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Development of gambling software | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Agencies which act as wholesalers or resellers of gambling services | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Manufacturing of gambling devices | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Professional services firms, financial firms servicing the gambling industry | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Bingo Operations | Y <input type="checkbox"/> | N <input type="checkbox"/> |

5.3 Other than indicated in 5.2, have you at any time been engaged in the gambling industry?
(if Yes please provide details on an attachment sheet) Y N

5.4 Have you ever been involved in any company that has been in liquidation or receivership or been placed under administration? (if Yes please provide details on an attachment sheet) Y N

6. Bank References

Nominate a Bank who has known you for a period of not less than five (5) years. Persons giving references may be contacted for additional information

6.1 Name of Bank

6.2 Address

6.3 Contact person

6.4 Position

6.5 Contact Number

6.6 Contact email

7. Financial Details

7.1 Have you ever become bankrupt or availed yourself of the laws relating to bankruptcy or insolvency? Y N

7.2 If Yes, Please provide details hereunder

8. Declaration

I, (Name and Surname) _____ of Identity Card Number _____
and residing at _____, solemnly declare that
as _____ (indicate Role) of (Applicant of Commercial Tombola (Bingo) licence) _____-:

I have personally completed this Gaming Devices Personal Declaration Application Form (the '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 Malta Gaming Authority (the 'Authority') shall be deemed as good and sufficient cause for a refusal to issue a Commercial Tombola (Bingo) Licence being applied for simultaneously 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 licence 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:

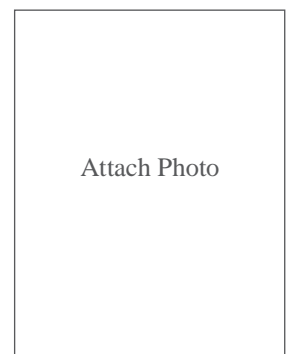
DD	MM	YY		

Witnessed by: _____ at _____ this _____

(Name of Witness in block letters)

Signature of Witness _____

Capacity of Witness _____



Data Protection Clause

The Malta Gaming Authority (the ‘Authority’) is a data controller under the terms of the Data Protection Act (Cap. 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 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.

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

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Certified True Copy of Birth Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Certified True Copy of Passport/ID Card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Two (2) Passport Size Photo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Original or Certified True Copy Police Conduct Certificate (Updated to within fifteen (15) days of the date of filing of a Licence Application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Certified True Copy of any Gaming Licence issued in favour of the Applicant (filling this Form) in a personal capacity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Updated Curriculum Vitae | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Bank Reference | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Application fee of twenty-five euro(€25) | <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 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 Declaration Form void.

9. Authorisation to Release Information

I, _____ (Name & Surname), as the person identified in this

Application Form submitted by _____ hereby authorise the Malta Gaming Authority (the 'Authority') to conduct a complete investigation using whatever legal means they deem appropriate.

The Authority is empowered to investigate all relevant data and facts to their satisfaction. I understand that the Authority is also empowered to conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. I hereby release, waive, discharge and agree not to hold liable the Authority for the receipt and use of such data, other than for unlawful processing of such information, acquired during the investigations and inquiries. I hereby authorise that the lawful use of disclosure 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 me, to enable the Authority to carry out this functions and meet its legal obligations.

Signature _____

Identity Card Number

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Date

DD	MM	YY			

Certification of Documents Note:

Where documents are to be certified as true copies, certification must be carried out by an independent natural person who is authorised to do so under the laws of an EU/EEA jurisdiction or other jurisdiction approved by the MGA, such as a legal professional, accountancy professional, notary or Registrar of Companies or other registry (or equivalent). The certifier must make a written statement in the English Language confirming that the document is a true copy of the original document and that he/she has seen and verified the original document. Furthermore, the certified true copy must be dated and must include the full name, designation and contact details of the certifier.

If the document is composed of more than one page the certifier can either:

- a. certify each page individually; or
- b. certify the top of the first page and add a statement detailing the number of pages of the original documentation seen.