

## Form MGA/CCR/02/2015

# Cruise Casino Certificate of Approval Renewal Form

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- Please complete in Block Capitals and in blue ink and return this completed form to the Malta Gaming Authority (the 'Authority').
- All answers must be completed in English.
- 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 your signature.
- The Authority reserves the right to request additional information.
- The Authority considers that the Cruise Casino Regulations (S.L. 400.03) (the Regulations) issued under the Gaming Act (Cap 400 of the Laws of Malta) empower the Authority to request a cruise ship with an onboard casino wanting to obtain a renewal of the certificate of approval to operate its casino while within Maltese territory, to fill in this Application Form. For the purpose of these Regulations, "Maltese territory" means the Maltese territorial waters as regulated under Maltese law.
- If there are any changes in 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.
- This Renewal Form shall not be accepted if the relevant approval fee amounting to five hundred euro (€500) for a cruise ship having a maximum capacity of one thousand five hundred (1,500) passengers or one thousand euro (€1000) for a cruise ship having a maximum capacity of one thousand five hundred and one (1,501) passengers or more is not provided to the Authority, unless the applicant is exempted from payment of the fee in terms of the Regulations.

NAME OF APPLICANT CRUISE SHIP:

CERTIFICATE OF APPROVAL N<sup>o</sup>:

PROPOSED DATE FOR BERTHING IN MALTA AND (IF APPLICABLE) GOZO:

**1.1 Details of Applicant Cruise Ship**

Nationality: \_\_\_\_\_

Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Certificate of Approval Number: \_\_\_\_\_

Details of Contact Person: \_\_\_\_\_

\_\_\_\_\_

**2. Details of Maltese Call:**

A description of the date, duration and nature of the vessel's call in Malta and/or Gozo:

[In the event that the exemption from payment of the fee is to be applied, kindly provide the necessary details herein]

### 3. Declaration of Applicant

I, (Name and Surname) \_\_\_\_\_ of \_\_\_\_\_ Nationality and Identity Card/Passport Number \_\_\_\_\_ and residing at \_\_\_\_\_, solemnly declare that as the authorised representative of the Cruise Ship Applicant: \_\_\_\_\_

I have personally completed this Cruise Casino Certificate of Approval Renewal Form (the 'Renewal Form') to which this Declaration is appended.

Throughout the duration of the previous certificate of approval the cruise casino was operated in line with the Regulations and the terms of the approval at all times;

The cruise casino shall be operated, managed or otherwise controlled by fit and proper persons;

Only registered passengers shall be allowed to play within the cruise casino;

The cruise casino shall be operated any time between six o'clock in the evening (18:00hrs / 6 pm) and six o'clock in the morning of the following day (06:00hrs / 6 am);

I hereby certify that all statements contained in and attached to this Renewal 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 also confirm that the Cruise Ship has not undergone any changes which would affect the issuance of a renewal or the original approval, including but not limited to an increase or decrease in its passenger capacity;

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 the Renewal 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 Renewal Form cease to be correct, or if there are any changes in the information provided in the Application Form or this Renewal 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 Renewal 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 of Applicant: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ in his/her capacity as \_\_\_\_\_  
(Name in Block Letters) (Capacity of Witness)

Signature of Witness: \_\_\_\_\_

## 4. Authorisation to Release Information

I, \_\_\_\_\_, as the authorised representative of the Cruise Casino Applicant, identified in this Cruise Casino Certificate of Approval 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/Passport Number \_\_\_\_\_

Date 

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## **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 for the following enclosures to be attached with this Application Form and indicate the Number of Copies

- Cruise Ship Itinerary
- One time Approval Fee

  

**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 the attached Declaration Form void.