

Form MGA/NL/2012-04

## Permit for Seller of National Lottery Games and Additional Lottery Games and Additional Games Application Form

- Please complete in Block Capitals and in black ink and return this completed form to the Authority (the ‘Authority’).
- All answers must be completed in Maltese or English.
- Any Documents provided in other languages must have a signed Maltese or English translation attached thereto and certified that it is a true copy and translation of any 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 and write the section number at the top of the sheet and your signature.
- The Authority reserves the right to request additional information.
- Article 36 of the Lotteries and Other Games Act (Cap. 438 of the Laws of Malta) empowers the Authority to request all persons wishing to sell games forming part of the National Lottery to fill in this Application Form.
- If there are any changes in the information provided in this 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 issued.
- No sellers shall be permitted to operate and run more than three (3) points of sale in the aggregate and such points of sale shall be located in different localities. Provided that this rule shall not apply to permits to operate points of sale issued in favour of the National Lottery Licensee, which shall be subject to Authority’s approval.
- This Application should be submitted by the National Lottery Licensee on behalf of the Applicant together with an application fee of twenty five Euro (€25).

NAME AND SURNAME OF APPLICANT:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**To sell National Lottery Game(s) and/or Additional Game(s) offered by Maltco Lotteries Limited.**

## 1. Personal Details

1.1 Name and Surname

1.2 Maiden Name (if applicable)

1.3 Title (Mr. Ms. Mx. Dr.) etc.

1.4 ID Card Number

1.5 Present Residential Address

  

1.6 Phone Number

1.7 Mobile Number

1.8 Email Address

1.9 Date of Birth

1.10 Place of Birth

1.11 Gender M  F  X

1.12 Status/Function as at First National Lottery Licence

1.13 Are you a new Applicant Y  N

1.14 If No, please indicate current POS/Agency Number

## 2. Passport, Residences and Travel Information (if applicable)

2.1 Passport Number

2.2 Place of Issue

2.3 Date of Issue

2.4 Date of Expiry

2.5 List all countries where you have been issued with a passport

Country	Date of Issue	Expiry Date

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 Number	
City	Province / State	Country
Month / Year <th>Street and Number</th>	Street and Number	
City	Province / State	Country
Month / Year <th>Street and Number</th>	Street and Number	
City	Province / State	Country
Month / Year <th>Street and Number</th>	Street and Number	
City	Province / State	Country

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

Y  N

2.7.1 If yes, kindly specify

### 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/Province/State/Country	Date of Offence	Result of Hearing or other Disposition

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 in an attachment sheet).

Y  N

3.3 Have you ever had a judgement entered against you, excluding juvenile offences and traffic offences? (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? (if Yes please provide details on an attachment sheet)

Y  N

Y  N

3.5 Are there any pending proceedings, or is there any reason for you to believe that some kind of prosecution may be initiated against you?

Y  N

If Yes, please give details


## 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 and Description of Duties

--

Name and Surname of the person you reported to

Duration of Employment

--	--

Reasons for Leaving

--

Employer Name, Address and Phone Number


Job Title and Description of Duties

--

Name and Surname of the person you reported to

Duration of Employment

--	--

Reasons for Leaving

--

Employer Name, Address and Phone Number


Job Title and Description of Duties

--

Name and Surname of the person you reported to

Duration of Employment

--	--

Reasons for Leaving

--

Employer Name, Address and Phone Number


Job Title and Description of Duties

--

Name and Surname of the 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, Address and Phone Number

--

Supervisor's Name

Date

--	--

Reasons for Dismissal, Discharge or Resignation

--

Employer Name, Address and Phone Number

--

Supervisor's Name

Date

--	--

Reasons for Dismissal, Discharge or Resignation

--

## 5. Employment Details

5.1 Name of Licensee:

--

5.2 Function/s for which an approval is being sought

--

## 6. Financial Details

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

6.2 If Yes, please provide details hereunder

--

## 7. Declaration

I, (Name and Surname) \_\_\_\_\_ of Identity Card/Passport Number \_\_\_\_\_  
and residing at \_\_\_\_\_, solemnly declare that as \_\_\_\_\_  
\_\_\_\_\_ (indicate Role) of \_\_\_\_\_ (Licensee):

I have personally completed this National Lottery 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 National Lottery 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.

I confirm that the attached signed passport sized photographs are a recent likeness of myself.

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ at \_\_\_\_\_ this \_\_\_\_\_  
(Name of Witness in block letters)

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

\_\_\_\_\_  
Capacity of Witness



## 8. 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.

## 9. Authorisation to Release Information

I, \_\_\_\_\_ (Name & Surname) as the Person identified in this National Lottery Personal Declaration Application Form 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 investigations and inquiries. I hereby authorise the lawful use or 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 its functions and meet its legal obligations.

Signature \_\_\_\_\_

Identity Card/Passport Number \_\_\_\_\_

Date: \_\_\_\_\_



## 10. Enclosures

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

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Certified True Copy of Passport/ID Card   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Two (2) Passport Sized Photos signed and dated on the back  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Original or Certified True Copy of Police Conduct and Police Conviction Sheet (when acquiring Maltese Police Conduct) (updated to within one (1) month) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Original Letter of Appointment of the Applicant made by the National Lottery Licensee   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Application Fee of twenty-five euro (€25)   | <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.**

### 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. 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.

## 11. Attachment Sheet

Answers to Section


Signature \_\_\_\_\_