

Tel: +356 2546 9000 | Email: info@lga.org.mt Fax: +356 2144 6950 | www.lga.org.mt

Form LGA/GD/2011-15

Renewal Gaming Devices Class 4 Licence Application Form

- Please complete in Block Capitals and in black ink and return this completed form to the Lotteries and Gaming Authority (the 'Authority').
- All answers must be completed in English.
- Documents provided in other languages must have a signed 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. 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 Gaming Devices Regulations (S.L.438.07) (the Regulations) issued under the Lotteries and Other Games Act (Cap 438 of the Laws of Malta) empowers the Authority to request any person wanting to obtain a Class 4 licence for the operation of a central system.
- 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 licence.
- The Authority is empowered to renew licences as per regulations B of the Regulations

NAME OF APPLICANT:													
NAME OF REPRESENTATIVE:													
APPLICANT'S TRADE NAME:													



1. Class of Licence

1.1 Class 4 Licence for the operation of a central system.

	Representative Contact Person bllowing details are to be filled by the contact person legally appointed to represent the Applicant.
	Please tick this box to declare that the information below has not been subject to change since the previous application submitted
3.1	Name and Surname
3.2	Profession
3.3	Name of Firm (If Applicable)
3.4	Address of Firm (If Applicable)
ı	
3.5	Office Number 3.6 Cell Number
1	
3.7	Fax Number
3.8	Email Address
1	
3.9	State the type of relation with the Applicant
	Involved Party Key Official Legal Representative Other
3.10 /	Are you legally empowered to represent the Applicant?
	Yes (Document delegating these powers must be attached)
	No
4.	Body Corporate (Applicant) Details
	Please tick this box to declare that the information below has not been subject to change since the previous application submitted
4.1	Name of Proposed/Registered Body Corporate

Partnership

Limited Liability Company

4.2 Type of Body Corporate



4.3		Lis	t a	ll I	Pro	ро	se	d/	Re	gi	st	ere	d l	3er	nef	ici	ar	ies																										_
		ı	ı	1		1		1	1			1	1	1	1		ı	1	1							1		1			1		ı	1	1						1		1	
	_																						F											_		_		_						╡
		<u> </u>	_		\perp					_										_			L																\perp			\perp		
4.4		Lis	t a	ll I	ro	ро	se	d/	Ke	egi	St	ere	ed I	Jire	ect	or	S/	ма	na	gın	g	Pa	rtr	ner	S																			$\overline{}$
																																						<u></u>	<u></u>					_
																																						L						
		ı	1	1		1		1	1			1	1	1	1				1				1		1				1	1			<u> </u>										1	
																																							_					\exists
																																						\perp	\perp		\perp			닉
						1									1															1				1				1			1			
													_							_				_				_						_				_						一
	_																																					<u></u>	<u></u>					⊣
																																						<u>_</u>						=
																																										\perp		
4.5		Pro	nne	nse	·d/	R۵	ai	ste	re	ıd I	R٥	dv	Co	rne	nra	ıte	Δ	ddı	°25	S																								
1.0			<u> </u>				91.	1				<u>чу</u> ।	1		1								1	_						1			ı	_										
4.6		Ind	lica	 ate	an	V (oth	ı ner	re	ele	eva	nt	pr	em	ise	?S \	wh	ich	ı sl	nal	ιb	e ı	use	 ed	in c	or	nne	ect	ion	ı W	ith	th	e i	oro	po	se	d (⊥ Gar	⊥ mir	na	Ope	era	tio	 n:
		l	ı	1	1	۱		1	1	-		1	· 	1	1			1		1			1	1	1			1	1	1	-			1	· ·	1							1	
4.7		Ind	lica	ate	wl	net	the	er i	 the	e a	pp	lic	an	t is	in	рс)59	ses	sio	n o	of	pat	ter	 nts	an	d/d	or	tra	ıde	ma	ark	(5 \	wh	ich	ar	·е	pro	⊥ op(ose	d t	to b	e u	se	 d
		in d																																				•						
	Υ	'es			(P	ate	ent	t/T	ra	de	ma	ark	Ν	um	be	r/s	;)																											_
					St	atı	JS																																					_
					Сс	our	ntr	ус	of I	SS	ue																																	_
	١	۷o																																										



5. Licensing and Operating History

	Please tick this box to declare that the information below has not been subject to change since the previous application submitted							
4.1	The App	olicant is establishing a new gaming operation with no previous record of gaming						
4.2	The App	olicant has financial interests in gaming operations already operating in Malta or abroad:						
	4.2.1	Current major gaming activities Betting (includes sportsbooks, betting shops) Betting Exchange Casino, lotteries, poker rooms, etc. Other, please specify						
	4.2.2	Structure of Corporate Body seeking a licence in Malta as per Business Plan: Single Member Entity Mother Entity Subsidiary Entity						
	4.2.3	List all Countries of Incorporation and the dates of registration Countries Date						
		Countries Date						
		Countries Date						
		Countries Date						
		Countries Date						
		Countries Date						
	4.2.4	List all Countries where the Applicant has a relevant gaming licence Countries						
		Countries						
		Countries						
		Countries						



List all Countries where the Applicant has previously sought or is seeking a relevant gaming licence	
Countries	_
Countries	
Countries	
Countries	_
Countries	
Countries	
Has the Applicant ever been refused a Gaming Licence in any other jurisdiction?	
Handha Annliant an amaintann adinmakanin an anna kan mantata a lawasit	
Has the Applicant or any intermediary business ever been party to a lawsuit (provide details)?	Г
, provide details,	
Has any interest or share in the profits ever been pledged or hypothecated	
as security for a debt, or deposited as a security for the performance of an act, or to secure the performance of a contract?	
of all act, of to secure the perior mance of a contract:	
Does the Applicant intend to transfer its current Gaming Operation to Malta?	
Shall it remain operational once a Gaming Devices Licence is granted in Malta?	
Indicate the number of employees the Applicant seeks to employ within the	
first two years of operating in Malta:	



5. Declaration

I,(NameandSurname)	ofIdentityCardNumber	r	
and residing at			_, solemnly declare
that as the appointed representative contact p	person of (Applicant Name)		
I have personally completed this Renewal of to which this Declaration is appended to.	Gaming Devices Class 4 Licence Applica	tion Form (the	'Application Form'
I hereby certify that all statements contained knowledge and complete.	d in and attached to this Application Fo	rm are correc	t to the best of my
I confirm that all the information that I have understand that knowingly making a false sta			
I understand that misrepresentation or failure (the 'Authority') shall be deemed as good and or for an eventual revocation if such misrepre	sufficient cause for a refusal to renew a	Class 4 Licen	
I understand that should the information pro are any changes in the information provided immediately. Failure to do so could result in a	d in the Application Form, it is my resp	onsibility to a	dvise the Authority
The Authority may request confirmation or fur or documentation I have provided in support receive information about me from such third	of this Application Form. I agree to auth		
By signing this declaration I am agreeing to a	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			



6. Authorisation to Release Information

i,, as the appointed representative Contact Person legally empowere
to act for and on behalf of (Name of Applicant), identified in thi renew of Gaming Devices Class 4 Application Form hereby declare on behalf of the Applicant that –
I understand that the Lotteries and Gaming Authority (the 'Authority') reserves the right to investigate all relevant dat and facts to their satisfaction.
I authorise the Authority to conduct a complete and comprehensive investigation to determine the accuracy of a information gathered and I hereby release, waive, discharge and agree not to hold the Authority responsible for th receipt and use of such data, other than for unlawful processing of such information, acquired during investigations an inquiries.
I authorise any person or entity contacted by the Authority to provide any and all such data deemed necessary by th Authority. I hereby waive any rights of confidentiality in this regard.
I understand that by signing this authorisation on behalf of the applicant, a financial record check may be performed.
I hereby authorise any banking and, or financial institution to surrender to the Authority a complete and accurate record cany transactions that may have occurred with that institution, including, but not limited to internal banking memoranda past and present loan applications, financial statements and any other documents relating to business financial record in whatever form and wherever located.
I hereby authorise the lawful use, disclosure or publication of this data.
I understand that by signing this authorisation, I am giving my explicit consent to the Authority to collect and proces personal data, including sensitive personal data which relates to the data subject/s involved in the operation of th Applicant and I declare that I have the necessary powers to grant this authorisation.
Signature Identity Card Number Date DD MM YY



Data Protection Clause

The Lotteries and 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 fulfill 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

that activity;

Documents which have not been subject to change since the last submission need not be submitted again

Please mark the boxes if any of the following enclosures have been attached and indicate number of copies:

•	Business Plan		
•	Memorandum and Articles of Association (if applicable)		
•	Copies of Patents and/or Trademarks (if applicable)		
•	Document Delegating Powers to Representative (if applicable)		
•	Copy of any Other Relevant Gaming Licence/s (if applicable)		
•	Copies of published Audited Accounts (last three - if applicable)		
•	Detailed information on the manner in which the applicant intends to ensure the proper conduct of its business, including the procedures adopted to ensure the timely repair and maintenance of the central system as and when necessary;		
•	Personal Declaration Form/s for each associated person;		
•	A technical description of the central system specifications as may be required by the Authority;		
•	Details of the proposed location of the central system in Malta and the standards maintained therein;		
•	A detailed operational manual outlining the application architecture, the system architecture, the software developer, security and control procedures, back-up and disaster recovery procedures;		
•	A description of the relevant gaming devices that are proposed to be connected to the central system;		
•	A list of the Class 3 Licensees in whose name the relevant gaming devices proposed to be connected to the central system are approved and registered;		
•	Agreements with any person carrying out an activity referred to in regulation 3(1) with respect to		



•	A detailed description of the proposed accounting procedures and procedures for registering and recording on the central system all gaming and other processes taking place on or carried out through the relevant gaming devices;		_
•	The proposed policies, procedures and measures to ensure the compliance of the central system with the Act, these regulations and the licence;		_
•	Certified True Copies of any other relevant certificates, such as: other Licences and qualifications of the Applicant relating to the activities to be conducted under the Class 4 Licence		_

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 Lotteries and 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



7 .	Attachme	nt Sheet		1	
Ansv	wers to Section				

Last Updated on October, 2012

Signature_