



PERMIT FOR SELLERS OF NATIONAL LOTTERY GAMES AND ADDITIONAL GAMES 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 Maltese or English.
- 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. 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 (the '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 seller 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 (€25.00).

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 Identity Card Number

1.4 Title (Mr, Mrs, Miss, Dr, etc)

1.5 Academic Qualifications

1.6 Present residential address

1.7 Phone Number

1.8 Mobile Number

1.9 Email Address

1.10 Nationality

1.11 Date of Birth

1.12 Place of Birth

1.13 Gender M ☐ F ☐

1.14 Status/Function as at First National Lottery Licence

1.15 Are you a new Applicant?

Y ☐ N ☐

1.16 If No, Please indicate current POS/Agency number



2. Arrests, Detentions and Litigation

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

Y ☐ N ☐

2.1.1 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

2.2 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 ☐

2.3 Have you ever had a judgement entered against you? (if Yes please provide details on an attachment sheet)

Y ☐ N ☐

2.4 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 ☐

2.5 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



3. Employment

3.1 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

--

3.2 Have you ever been dismissed, discharged or asked to resign from any employment? Y ☐ N ☐

3.2.1 If Yes, complete the following:

Employer Name, Address and Phone Number

Supervisor's Name

Date

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Reasons for Dismissal, Discharge or Resignation

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Employer Name, Address and Phone Number

Supervisor's Name

Date

--

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Reasons for Dismissal, Discharge or Resignation

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4. Financial Details

Y ☐ N ☐

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

4.2 If Yes, Please provide details hereunder



6. Declaration

I, (Name and Surname) _____ of Identity Card/Passport Number _____
and residing at _____, solemnly declare that:

I have personally completed this Permit for Sellers of National Lottery Games 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 Lotteries and Gaming Authority (the 'Authority') shall be deemed as good and sufficient cause for a refusal to issue the permit 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

Attach Photo



7. 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 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.



8. Authorisation to Release Information

I, _____ (Name & Surname) as the Person identified in this Permit for Sellers of National Lottery Games Application Form hereby authorise the Lotteries and 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:



9. Enclosures

Please mark the boxes if any of the following enclosures have been attached

- Certified True Copy of Passport/ID Card ☐ ☐
- Two (2) Recent Passport Size Photos signed and dated on the back ☐ ☐
- Original or Certified True Copy Police Conduct Certificate (updated to within one (1) month) ☐ ☐
- Original Letter of Appointment of the Applicant made by the National Lottery Licensee ☐ ☐
- Application Fee of twenty-five euro (€25) ☐ ☐

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.



Tel : +356 2546 9000
Fax: +356 2144 6950

Email: info@lga.org.mt
www.lga.org.mt

Answers to Section

[illegible]

Signature _____

