



1. Declaration

I, (Name and Surname of Key Official) _____ of
Identity Card Number/Passport Number _____, solemnly declare
that as the appointed Key Official of (Name of Licensee) _____:

I understand that as from the Go-Live date, the licensee shall commence to pay the relevant tax to the Lotteries and Gaming Authority (the 'Authority').

I understand that the Go-Live date declared in this Declaration of Go-Live Form (the 'Form') is final and shall not be changed.

I understand that failure to submit this Form within sixty (60) days from the date of issuance of the Remote Gaming Licence (the 'Licence') shall result in the Authority deeming the Go-Live date as the sixtieth (60th) day from the issuance of the Licence and hence tax shall be collected as from such date.

I understand that the Authority must be notified of the Go-Live date within five (5) working days from such date and that failure to notify the Authority by means of this Form shall be considered as though illegal gaming is being operated in and from Malta and hence constitute an offence against the Lotteries and Other Games Act (Cap. 438 of the Laws of Malta) and the Remote Gaming Regulations (S.L. 438.04).

I have personally completed this Form to which this Declaration is appended to.

I hereby certify that all statements contained in this Form are true, correct and complete to the best of my knowledge.

I confirm that I understand that knowingly making a false declaration to the Authority is tantamount to a criminal offence.

I understand that misrepresentation or failure to submit any information requested by the Authority shall be deemed as good and sufficient cause for the Authority to suspend or cancel the Licence.

I understand that should there be any changes in the information provided in this Form, it is my responsibility to advise the Authority immediately and that failure to do so could result in any licence being suspended or cancelled.

The Authority may request confirmation or further information from any appropriate third parties in respect of any information, evidence or documentation I have provided in or in support of this Form.

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

Signature of Key Official _____

Date:

DD	MM	YY		