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Tel: +356 2546 9000

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Form LGA/NL/2012-03

NATIONAL LOTTTERY PERSONAL DECLARATION 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.
- 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. Write the section number at the top of the sheet and your signature.
- The Authority reserves the right to request additional information.
- Article 29 of the Lotteries and Other Games Act (Cap. 438 of the Laws of Malta) empowers the Authority to request all persons holding or owning a Qualifying Shareholding, director or directors, as well as all persons who appear to the Authority to likely manage the business or any part of the business of the operation of the National Lottery to fill in this National Lottery Personal Declaration 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 licence.

NAME OF APPLICANT	
NAME OF BODY CORPORATE	
TRADE NAME OF THE OPERATION	

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1 **Personal Details**

1.1	Name and Surname
1.2	Maiden Name (if applicable)
1.3	Profession
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	State type of Involvement with Body Corporate
1.11	Date of Birth 1.12 Place of Birth 1.13 Gender M F
2.	Passport Information
2.1	Passport Number 2.2 Place of Issue
2.3	Date of Issue 2.4 Date of Expiry
2.5 Coun	List all countries where you have been issued with a passport try Date of Issue Expiry Date

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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	Street and Number		
City	Province / State	Country	
Month / Year	Street and Number		
City	Province / State	Country	
Month / Year	Street and Number		
City Province / State	Country		
Month / Year	Street and Number		
City Province / State	Country		
2.7 Is your country of	residence different from your count	ry of domicile?	Y
2.7.1 If yes, pleas	se specify		

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Arrests, Detentions and Litigation 3.

3.1	•	er been charged, arrested o dless of the disposition, in any		ın	Y
Notin	3.1.1 If yo	es, give details in the space pr		=	
Natur	re or Offence	City/Province/State/Countr	Date of Offence	Result of Hearing or otl	ner Disposition
3.2	was claimed,	r been a party in a civil lawsui or are you aware of any such tails in an attachment sheet).		_	Y
3.3	Have you ever had a judgement entered against you? (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		
3.5		r had an article repossessed b ride details on an attachment sheet)	y a finance compan	y or other institution?	Y N
4.	Employmen	t			
4.1	Beginning wit	h your current employment, li	st your work history	; in the last five (5) years	•
Emplo	oyer Name, Add	ress and Phone Number			
Job Ti	itle and Descript	ion of Duties			
Name	e and Surname c	of the person you reported to	Duratio	on of Employment	
Da					
Keaso	ons for Leaving				

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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	
Faredrice News Address and Dhara North an	
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	
- G	
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 Y N
from any employment?	
4.2.1 If Yes, complete the following:	
Employer Name, Address and Phone Number	

upei	rvisor's Name Date	
easo	ons for Dismissal, Discharge or Resignation	
mpl	oyer Name, Address and Phone Number	
upe	visor's Name Date	
easc	ons for Dismissal, Discharge or Resignation	
	Directorships and Business Affiliations On an attachment sheet, provide full details of any other directorships, partner interests or affiliations which you are currently associated or previously associated.	=
5.1 5.2	On an attachment sheet, provide full details of any other directorships, partne interests or affiliations which you are currently associated or previously associated Are you or have you been associated with the ownership, administration or a	ated.
.1	On an attachment sheet, provide full details of any other directorships, partne interests or affiliations which you are currently associated or previously associated Are you or have you been associated with the ownership, administration or any financial interest in: A casino	ated.
.1	On an attachment sheet, provide full details of any other directorships, partner interests or affiliations which you are currently associated or previously associated Are you or have you been associated with the ownership, administration or any financial interest in: A casino Lottery operations	management of, or h
.1	On an attachment sheet, provide full details of any other directorships, partne interests or affiliations which you are currently associated or previously associated Are you or have you been associated with the ownership, administration or any financial interest in: A casino	management of, or h Y N N Y N N Y N N
.1	On an attachment sheet, provide full details of any other directorships, partner interests or affiliations which you are currently associated or previously associated associated or previously associated with the ownership, administration or any financial interest in: A casino Lottery operations Remote Gaming Operation Sports betting and betting shops Development of gambling software	management of, or h
.1	On an attachment sheet, provide full details of any other directorships, partner interests or affiliations which you are currently associated or previously associated associated with the ownership, administration or many financial interest in: A casino Lottery operations Remote Gaming Operation Sports betting and betting shops Development of gambling software Agencies which act as wholesalers or resellers of gambling services	ated. management of, or h Y N N Y N N Y N N Y N N Y N N Y N N
.1	On an attachment sheet, provide full details of any other directorships, partner interests or affiliations which you are currently associated or previously associated associated or previously associated with the ownership, administration or any financial interest in: A casino Lottery operations Remote Gaming Operation Sports betting and betting shops Development of gambling software	management of, or h Y N N Y N N Y N N
.1	On an attachment sheet, provide full details of any other directorships, partner interests or affiliations which you are currently associated or previously associated. Are you or have you been associated with the ownership, administration or many financial interest in: A casino Lottery operations Remote Gaming Operation Sports betting and betting shops Development of gambling software Agencies which act as wholesalers or resellers of gambling services Manufacturing of gambling devices	ated. management of, or h Y N N Y N N Y N N Y N N Y N N Y N N
.1	On an attachment sheet, provide full details of any other directorships, partner interests or affiliations which you are currently associated or previously associated any financial interest in: A casino Lottery operations Remote Gaming Operation Sports betting and betting shops Development of gambling software Agencies which act as wholesalers or resellers of gambling services Manufacturing of gambling devices Services or financial firms servicing the gambling industry Other than indicated in 5.2, have you at any time been engaged in the	ated. management of, or h Y N N Y N N Y N N Y N N Y N N Y N N

Nominate a Bank who has known you for a period of not less than five (5) years. Persons giving references may be contacted for additional information.

6.1	Name of Bank

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6.2	Address		
6.3	Contact Person	6.4 Position	
6.5	Phone Number	6.6 Contact email	
7.	Financial Details		
7.1	Have you ever become bankrupt or relating to bankruptcy or insolvency?		Y N
	If Yes, Please provide details hereund	er	

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8. Declaration

	of Identity Card/Passport Number
and residing at	
(indicate Role)	of (Licensee):
have personally completed this National Lotter- Form') to which this Declaration is appended to.	y Personal Declaration Application Form (the 'Application
hereby certify that all statements contained in and my knowledge and complete.	I attached to this Application Form are correct to the best of
	ted in support of this Application Form is complete and true lse statement for this purpose is tantamount to a criminal
Gaming Authority (the 'Authority') shall be deem	o submit any information requested by the Lotteries and ned as good and sufficient cause for a refusal to issue a imultaneously or for an eventual revocation if such stage.
here are any changes in the information provided	in relation to this Application Form cease to be correct, or if in the Application Form, it is my responsibility to advise the esult in any licence issued being reviewed and possibly
	information from any appropriate third parties in respect of upport of this Application Form. I agree to authorise the such third parties.
confirm that the attached signed passport sized ph	notographs are a recent likeness of myself.
By signing this declaration I am agreeing to all of th	
By signing this declaration I am agreeing to all of the signing this declaration I am agreeing to all of the signature	ne above statements. Date
By signing this declaration I am agreeing to all of the signing this declaration I am agreeing to all of the signature	ne above statements.
By signing this declaration I am agreeing to all of the signing this declaration I am agreeing to all of the signature	ne above statements. Date
By signing this declaration I am agreeing to all of the signing this declaration I am agreeing to all of the signature	ne above statements. Date
By signing this declaration I am agreeing to all of the signature	ne above statements. Date
Signatureat_ Name of Witness in block letters)	ne above statements. Date
By signing this declaration I am agreeing to all of the Signatureatatatatatatatatat	Datethis
	Datethis

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Suite 1, Level 3, TG Complex, Brewery Street, AUTHORITY MALTA Mriehel, BKR 3000, Malta

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9. **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.

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Authorisation to Release Information 10.

Declaration Application Form hereby a	e & Surname) as the Person identified in this National Lottery Personal authorise the Lotteries and Gaming Authority (the 'Authority') to conduct ver legal means they deem appropriate.
Authority is also empowered to conaccuracy of all information gathered Authority for the receipt and use of su	igate all relevant data and facts to their satisfaction. I understand that the nduct a complete and comprehensive investigation to determine the I. I hereby release, waive, discharge and agree not to hold liable the ich data, other than for unlawful processing of such information, acquired ereby authorise the lawful use or disclosure of this data.
· = =	norisation, I am giving my explicit consent to the authority to collect and tive personal data, which relates to me, to enable the Authority to carry ligations.
Signature	
Identity Card/Passport Number	
Date:	

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11. **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	
Two (2) Passport Size Photos signed and dated on the back	
 Original or Certified True Copy Police Conduct Certificate (updated to windown (1) month) 	ithin
 Certified True Copy of any Gaming Licence issued in favour of the Applic (filling this Form) in a personal capacity 	cant
Credit and/or Financial Reference	
Updated Curriculum Vitae	
Bank Reference	

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.

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12. Attachment Sheet

Answers to Section
Signature
-

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