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Form LGA/51/2010-06

## Remote Gaming Approval of Employee Application Form

- This Application Form is to be filled by all persons who are to be employed or permitted to work in relation to Remote Gaming Operations. Prior to commencing such employment the Lotteries and Gaming Authority's (the 'Authority') approval must be obtained.
- This Application Form is to be submitted to the Authority by the Key Official.
- Please complete in Block Capitals and in black ink and return this completed form to the Authority.
- All answers must be completed in English.
- Any 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 and write the section number at the top of the sheet and your signature.
- The Authority reserves the right to request additional information.
- 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 and, or approval.

Name of Applicant

[illegible]

**Name of Body Corporate/Licensee:**

[illegible][illegible]



### 1.1 Name and Surname

**1.2 Maiden Name (if applicable)**

**1.3 Title (Mr.Mrs.Miss. Dr. etc)**

#### 1.4 ID Card Number

**1.5 Present residential address**

### 1.6 Phone Number

### 1.7 Cell Number

1.8 Fax Number

### 1.9 Email Address

### 1.10 Date of Birth

### 1.11 Place of Birth

**1.12 Gender** M ☐ F ☐

## 2.1 Passport Number

## 2.2 Place of issue

### 2.3 Date of issue

## 2.4 Expiry Date

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

CountryDate of IssueExpiry Date

Last Updated on May, 2011



**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 <input type="text"/>	Street and No. <input type="text"/>	
City <input type="text"/>	Province/State <input type="text"/>	Country <input type="text"/>
Month/Year <input type="text"/>	Street and No. <input type="text"/>	
City <input type="text"/>	Province/State <input type="text"/>	Country <input type="text"/>
Month/Year <input type="text"/>	Street and No. <input type="text"/>	
City <input type="text"/>	Province/State <input type="text"/>	Country <input type="text"/>
Month/Year <input type="text"/>	Street and No. <input type="text"/>	
City <input type="text"/>	Province/State <input type="text"/>	Country <input type="text"/>

**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 or in a separate attachment sheet. List all cases without exception.**

Nature of Offence	City/Province/State/Country	Date of Offence	Result of Hearing or other disposition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



- 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 an attachment sheet). Y ☐ N ☐
- 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 ☐ N ☐
- 3.5 Have you ever had an article repossessed by a finance company or other institution? (if Yes please provide details on an attachment sheet) Y ☐ N ☐

## 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 & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving



Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of 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 and Address

Supervisor's Name

Date

Reasons for Dismissal, Discharge or Resignation

Employer Name and Address

Supervisor's Name

Date

Reasons for Dismissal, Discharge or Resignation



**5. Employment Details**

**5.1 Name of Remote Gaming Licensee:**

**5.2 Function/s for which an approval is being sought**



## 6. Remote Gaming Licensee's Recommendation and Certification

I, \_\_\_\_\_ (Name & Surname of Key Official) of Identification

No. \_\_\_\_\_ on behalf of \_\_\_\_\_  
(Name of Remote Gaming Licensee) who will engage on secondment or will be the prospective employer of

\_\_\_\_\_ (Name & Surname of applicant employee) of

Identification No. \_\_\_\_\_,

declare that I have made such enquiries deemed appropriate and have interviewed him/her. To the best of my knowledge the above candidate is suitable for an approval for employment issued by the Lotteries and Gaming Authority. In the event of an approval being granted to the above-mentioned applicant, it is my intention to engage him/her in the

function/s of \_\_\_\_\_.

I confirm that he/she has the required knowledge of the Remote Gaming Regulations to undertake the duties assigned to him/her.

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

Signature of Key Official \_\_\_\_\_

**Date:**

DD	MM	YY		



## 7. Declaration

I, \_\_\_\_\_ (Name & Surname) applying for an approval to  
be employed with \_\_\_\_\_ (Name of Remote Gaming Licensee) declare that:

I am the person identified in this Application Form and I have personally completed this Application Form, to which this Declaration is appended.

Furthermore I declare that the entire Application Form, statements and attachments are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue an approval of employment by the Lotteries and Gaming Authority (the 'Authority').

Furthermore I am aware that later discovery of omission or misrepresentation made in the above statements may be grounds for the denial or cancellation of such approval granted by the Authority.

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 \_\_\_\_\_

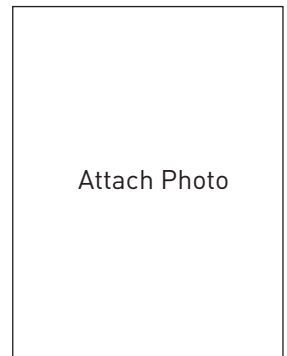
**Date:**

DD	MM	YY		

ID/Passport Number \_\_\_\_\_

(Name in block letters) \_\_\_\_\_

Attach Photo







## 8. Authorisation to Release Information

I, \_\_\_\_\_ (Name & Surname),  
of ID/Passport No. \_\_\_\_\_ as the person identified in this Approval of Employee

Application Form (the 'Application Form') submitted by \_\_\_\_\_  
(Indicate Remote Gaming Licensee) hereby authorise the Lotteries and Gaming Authority (the 'Authority') to conduct a complete investigation using whatever legal means they deem appropriate. I hereby authorise any person or entity contacted by the Authority to provide any and all such data deemed necessary by the Authority. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorisation, a financial record check may be performed. I authorise any banking and, or financial institution to surrender to the Authority a complete and accurate record of such 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 records in whatever form and wherever located.

The Authority reserves the right to investigate all relevant data and facts to their satisfaction. I understand that the Authority may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. I hereby release, waive, discharge and agree not to hold the Authority liable 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, 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 process personal data, including sensitive personal data which relates to the data subject.

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

Name & Surname \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_ Identity Card Number 

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 Date 

DD	MM	YY			

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

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

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



## 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 and, or an approval.

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

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

- Original or Certified True Copy of Birth Certificate
- Certified True Copy of Identity Card (if Maltese)
- Certified True Copy of Passport
- Passport Sized Photos signed and dated on the back
- Original or Certified True Copy of Police Conduct Certificate (issued during the last 6 months prior to the date of the application)
- Updated Curriculum Vitae
- Certified True Copy of Work Permit issued by the Employment & Training Corporation (ETC)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<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 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.**



<b>Answers to Section</b>	
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[illegible]

Signature\_\_\_\_\_