





**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 No. 	
City 	Province/State 	Country 

Month/Year 	Street and No. 	
City 	Province/State 	Country 

Month/Year 	Street and No. 	
City 	Province/State 	Country 

Month/Year 	Street and No. 	
City 	Province/State 	Country 

**2.7 Is your country of residence different from your country of domicile?** Y ☐ N ☐

**2.7.1 If yes, please specify**

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### 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. List all cases without exception.**

Nature of Offence	City/Province/State/Country	Date of Offence	Result of Hearing or other disposition

**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 pending? (if Yes please provide details an attachment sheet).** Y ☐ N ☐

**3.3 Have you ever had a judgement entered against you, excluding juvenile offences and traffic offences? (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 ☐

### 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



## 6. Licensee's Recommendation and Certification

I \_\_\_\_\_ (Name & Surname of Key Official) of Identification No. \_\_\_\_\_, on behalf of \_\_\_\_\_ (Name of 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 Gaming Devices Regulations (S.L. 438.07) 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:**

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## 7. Declaration

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

I am the person identified in this Gaming Devices Approval of Employee Application Form (the '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 \_\_\_\_\_

Attach Photo



## 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 15 days prior to the date of the application)
- Updated Curriculum Vitae
- Certified True Copy of Work Permit issued by the Employment & Training Corporation (ETC)
- Application Fee of twenty-five euro (€25)

<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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**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.**

## 8. Authorisation to Release Information

I, \_\_\_\_\_ (Name & Surname), as the person identified in this

Application Form submitted by \_\_\_\_\_ 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 the investigations and inquiries. I hereby authorise that the lawful use of 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 this functions and meet its legal obligations.

Signature \_\_\_\_\_

Date

DD	MM	YY		

