

NATIONAL LOTTERY APPROVAL OF EMPLOYEE APPLICATION FORM

- Please complete in Block Capitals and in black ink and return this completed form to the 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 and write the section number at the top of the sheet and your signature.
- The Authority reserves the right to request additional information. This Application Form is to be filled by all persons who are to be employed or permitted to work in relation to the National Lottery Operations. Prior to commencing such employment the Lotteries and Gaming Authority's (the 'Authority') approval must be obtained as per the provisions of the Lotteries and Other Games Act (Cap. 438 of the Laws of Malta).
- If there are any changes in the information provided in this Application Form, it is the Licensee's responsibility to advise the Authority immediately. Failure to do so could result in suspension or revocation of the relevant licence.
- This Application Form is to be submitted to the Authority by the Key Official.
- This Application Form shall not be accepted if the relevant application fee is not provided to the Authority.

NAME OF APPLICANT:

NAME OF LICENSEE:

LICENCE NUMBER:



1. Personal Details

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 Mobile Number

1.8 Email Address

1.9 Date of Birth

1.10 Place of Birth

1.11 Gender M ☐ F ☐

2. Passport, Residences and Travel Information (if applicable)

2.1 Passport Number

2.2 Place of Issue

2.3 Date of Issue

2.4 Date of Expiry

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

| Country | Date of Issue | Expiry Date |
|----------------------|----------------------|----------------------|
| <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"/> |



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 | |
| <input type="text"/> | <input type="text"/> | |
| City | Province / State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month / Year | Street and Number | |
| <input type="text"/> | <input type="text"/> | |
| City | Province / State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month / Year | Street and Number | |
| <input type="text"/> | <input type="text"/> | |
| City | Province / State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month / Year | Street and Number | |
| <input type="text"/> | <input type="text"/> | |
| City | Province / State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Month / Year | Street and Number | |
| <input type="text"/> | <input type="text"/> | |
| City | Province / State | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2.7 Is your country of residence different from your country of domicile?

Y ☐ N ☐

2.7.1 If yes, kindly specify



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 |
|-------------------|-----------------------------|-----------------|--|
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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 in 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

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Job Title and Description of Duties

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Name and Surname of the person you reported to

Duration of Employment

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Reasons for Leaving

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Employer Name, Address and Phone Number

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Job Title and Description of Duties

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Name and Surname of the person you reported to

Duration of Employment

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Reasons for Leaving

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Employer Name, Address and Phone Number

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Job Title and Description of Duties

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Name and Surname of the person you reported to

Duration of Employment

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Reasons for Leaving

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Employer Name, Address and Phone Number

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Job Title and Description of Duties

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Name and Surname of the person you reported to

Duration of Employment

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Reasons for Leaving

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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, Address and Phone Number

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Supervisor's Name

Date

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Reasons for Dismissal, Discharge or Resignation

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Employer Name, Address and Phone Number

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Supervisor's Name

Date

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Reasons for Dismissal, Discharge or Resignation

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5. Employment Details

5.1 Name of Licensee:

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5.2 Function/s for which an approval is being sought

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6. Licensee's Recommendation and Certification

I _____ (Name and Surname of Key Official) of Identity Card/Passport Number _____, on behalf of _____ (Name of Licensee) who will be the prospective employer of _____ (Name and Surname of applicant employee) of Identity Card/Passport Number _____,

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 Lotteries & Other Games Act (Cap 438 of the Laws of Malta)

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

Signature of Key Official _____

Identity Card/Passport Number _____

Date: _____

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 National Lottery Approval of Employee Application Form (the 'Application Form') and I have personally completed this Application Form, to which this Declaration is being 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: _____

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

Signature of Witness

Capacity of Witness

Attach Photo



8. 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.



9. Authorisation to Release Information

I, _____ (Name & Surname) as the Person identified in this National Lottery Approval of Employee Application Form (the 'Application Form') submitted by _____ (Indicate Licensee) 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: _____

10. 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 ☐
- Passport Sized Photos signed and dated on the back ☐
- Original or Certified True Copy of Police Conduct Certificate (issued during the last 1month to the date of the application) ☐
- Updated Curriculum Vitae ☐
- Certified True Copy of Work Permit issued by the Employment & Training Corporation (ETC) where applicable ☐
- 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.

