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Form LGA/CT/2013-03

Commercial Tombola (Bingo) 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 Commercial Tombola (Bingo) Operations in the position of Caller, Chief Cashier, Chief of Table, Seller or Tombola Head Supervisor. Prior to commencing such employment the Lotteries and Gaming Authority's (the 'Authority') approval must be obtained as per the provisions of the Commercial Tombola (Bingo) Regulations (S.L. 438.05) (the Regulations').
- This Application Form is to be submitted to the Authority by a 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.
- The applicant shall submit an administrative fee of twenty-five euro (€25) as per regulation 6(1) of the Regulations in order for the Authority to investigate the applicant's background, suitability and qualifications. Failure to pay the relevant fee will be deemed an incomplete submission and the application will not be processed.
- If there are any changes in the information provided in this Application Form, it is the Licensee's responsibility to advise the Authority as per regulation 12 of the Regulations by not later than five (5) days after the change has occurred. Failure to do so could result in suspension or cancellation of the certificate of approvals after the change has occurred. Failure to do so could result in suspension or cancellation of the certificate of approval.

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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 No	umber	•											
1.5	Present residential address													
1.6	Phone Number	1.7	Ce	ll Nu	mber									
1.8	Fax Number				'	'							,	
1.9	Email Address													
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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 No.

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.		
	Street and ivo.		
City		Province/State	Country



3. Arrests, Detentions and Litigation

3.1	Have you ever been charged, arrested or sur an offence, regardless of the disposition, in a		Y 🗆 N 🗆	
Natur	3.1.1 If yes, give details in the space provide of Offence City/Province/State/Country		without exception. Result of Hearing or oth	er disposition
3.2	Have you ever been a party in a civil lawsuit claimed, or are you aware of any such action t details an attachment sheet).			Y
3.3	Have you ever had a judgement entered against offences? (if Yes please provide details on an action of the state of the st		offences and traffic	Y N
3.4	Has your salary, wage, earnings or other attachment or other judicial proceeding? (if Yosheet)	_		Y N N
4.	Employment			
4.1	Beginning with your current employment, list y	our work history in the	last five (5) years.	
Empl	oyer Name, Address and Phone Number			
Job T	tle & Description of duties			
Name	& Surname of person you reported to		Duration of Employment	
Reas	ons 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 \ \ \ \ \
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 Employee Designation:		
Caller		
Chief cashier		
Chief of Table		
Seller		
Tombola Head Supervisor		
Other (Please Specify)		



6. Licensee's Recommendation and Certification

l	[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 the above candidate is suitable for an approval for employment of an approval being granted to the above-mentioned application.	nt issued by the Lotteries and Gaming Authority. In the event
I confirm that he/she has the required knowledge of the undertake the duties assigned to him/her.	Commercial Tombola (Bingo) Regulations (S.L. 438.05) to
By signing this declaration I am agreeing to all of the above	e statements.
(Signature of Key Official)	Date:



7. Declaration

I, (Name and Surname)	applying for an approval to be employed	d with
(Na	me of Licensee) declare that:	
I am the person identified in this Commercial Tomobo Form') and I have personally completed this Applicati	la (Bingo) Approval of Employee Application Form (the 'Applic on Form, to which this Declaration is appended.	cation
my knowledge and belief, and that this statement is	m, statements and attachments are true and correct to the b executed with the knowledge that misrepresentation or fail nt cause for the refusal to issue an approval of employment b	ure to
Furthermore I am aware that later discovery of omis grounds for the denial or cancellation of such approv	ssion or misrepresentation made in the above statements mal granted by the Authority.	ay be
I confirm that the attached signed passport sized pho	tographs are a recent likeness of myself.	
By signing this declaration I am agreeing to all of th	e above statements.	
Signature	Date: DD MM	YY
ID/Passport Number		
(Name in block letters)	Attach Photo	0



8. Authorisation to Release Information

,	(Name & Surname), as the pers	son identified in this
Application Form submitted by _otteries and Gaming Authority (the 'Authority') to conduct a cor deem appropriate.		ereby authorise the er legal means they
The Authority is empowered to investigate all relevant data and faces also empowered to conduct a complete and comprehensive invegathered. I hereby release, waive, discharge and agree not to hodata, other than for unlawful processing of such information, acquathorise that the lawful use of disclosure of this data.	estigation to determine the accurac ld liable the Authority for the rece	cy of all information ipt and use of such
understand that by signing this authorisation, I am giving my e personal data, including sensitive personal data, which relates to and meet its legal obligations.		·
Signature	Date	



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)			

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.



9.	Attachme	nt Sheet	
	wers to Section		

Last Updated on April, 2013