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**[www.lga.org.mt](http://www.lga.org.mt)**

Form LGA/51/2010-01

# Remote Gaming Licence Application 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 English.
- 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. Write the section number at the top of the sheet and your signature.
- The Authority reserves the right to request additional information.
- The Authority considers that the Remote Gaming Regulations (S.L. 438.04) issued under the Lotteries and Other Games Act (Cap 438 of the Laws of Malta) empowers the Authority to request any person wanting to obtain a remote gaming licence to operate or promote or sell or abet remote gaming in and from Malta to fill in this Application Form.
- If there are any changes in the information provided in the 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.
- This Application Form shall not be accepted if the relevant application fee is not provided to the Authority.

Name of Applicant

[illegible]

Name of Representative

[illegible]**Applicant's Trade/Domain Name**[illegible][illegible]



## 1. Class of Licence

### 1.1 Indicate the class of licence

☐

Class 1 Licence

☐

Class 2 Licence

☐

Class 3 Licence

☐

Class 4 Licence

### 1.2 Indicate the Proposed Class 4 Platform to be operated on (if applicable)

☐

## 2. Application Fees

2.1 Application Fee for all Remote Gaming Classes: two thousand, three hundred and thirty Euros (€2,330).

## 3. Representative Contact Person

The following details are to be filled by the contact person legally appointed to represent the Applicant.

### 3.1 Name and Surname

### 3.2 Profession

### 3.3 Name of Firm (If Applicable)

### 3.4 Address of Firm (If Applicable)

### 3.5 Office Number

### 3.6 Cell Number

### 3.7 Fax Number

### 3.8 Email Address

### 3.9 State the type of relation with the Applicant

☐

Involved Party

☐

Key Official

☐

Legal Representative

☐

Other \_\_\_\_\_

### 3.10 Are you legally empowered to represent the Applicant?

☐

Yes (If Yes, the document/s delegating these powers must be attached)

☐

No



4. Body Corporate (Applicant) Details

4.1 Name of Registered Body Corporate

- 4.2 Type of Body Corporate
- ☐ Limited Liability Company

☐ Partnership

4.3 List all Proposed/Registered Beneficiaries

4.4 List all Proposed/Registered Directors/Managing Partners

4.5 Proposed/Registered Body Corporate Address

4.6 Indicate any other relevant premises which shall be used in connection with the proposed Gaming Operation

4.7 Indicate whether the applicant is in possession of patents and/or trademarks which are proposed to be used in connection with the Remote Gaming Operation

☐ Yes

(Patent/Trademark Number/s)

Status

Country of Issue

☐ No



<input type="checkbox"/>	5.1	The Applicant is establishing a new gaming operation with no previous record of gaming.	
<input type="checkbox"/>	5.2	The Applicant has financial interests in gaming operations already operating in Malta or abroad:	
	5.2.1	Current major gaming activities	<input type="checkbox"/> Betting (includes sportsbooks, betting shops) <input type="checkbox"/> Betting Exchange <input type="checkbox"/> Casino, lotteries, poker rooms, etc. <input type="checkbox"/> Other, please specify _____
	5.2.2	Structure of Body Corporate seeking a licence in Malta as per Business Plan:	<input type="checkbox"/> Single Member Entity <input type="checkbox"/> Parent Entity <input type="checkbox"/> Subsidiary Entity
	5.2.3	List all Countries of Incorporation and the dates of registration	
		Countries	Date
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	5.2.4	List all Countries where the Corporate Body has a relevant gaming licence	
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A horizontal number line with 21 tick marks, representing a scale from 0 to 100 in increments of 5.

## Countries

A horizontal number line with 20 tick marks, labeled from 1 to 20. The line is used for plotting data points.

## Countries

A horizontal number line with 20 tick marks, labeled from 1 to 20. The line is used for plotting data points.

## Countries

## Countries

[illegible]

## Countries

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Countries
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Y ☐ N ☐

Y ☐    N ☐

Y ☐ N ☐

Y ☐ N ☐

Y ☐ N ☐

Indicate the number of employees the business entity seeks to employ within the first two years of operating in Malta



## 6. Declaration

I, (Name and Surname) \_\_\_\_\_ of Identity Card Number \_\_\_\_\_  
and residing at \_\_\_\_\_, solemnly declare  
that as the appointed representative contact person of (Applicant Name) \_\_\_\_\_ -

I have personally completed this Remote Gaming Licence Application Form (the 'Application Form') to which this Declaration is appended to.

I hereby certify that all statements contained in and attached to this Application Form are correct to the best of my knowledge and complete.

I confirm that all the information that I have submitted in support of this application is complete and true and that I understand that knowingly making a false statement for this purpose is tantamount to a criminal offence.

I understand that misrepresentation or failure to submit any information requested by the Lotteries and Gaming Authority (the 'Authority') shall be deemed as good and sufficient cause for a refusal to issue a Remote Gaming Licence being applied for or for an eventual revocation if such misrepresentation or failure is discovered at a later stage.

I understand that should the information provided in relation to this Application Form cease to be correct, or if there are any changes in the information provided in the Application Form, it is my responsibility to advise the Authority immediately. Failure to do so could result in any licence issued being reviewed and possibly suspended or revoked.

The Authority may request confirmation or further information from any appropriate third parties in respect of evidence or documentation I have provided in support of this Application Form. I agree to authorise the Authority to request and receive information from such third parties.

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

Signature \_\_\_\_\_

Date

DD	MM	YY		

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

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

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



## 7. Authorisation to Release Information

I, \_\_\_\_\_, as the appointed representative Contact Person legally empowered to act for and on behalf of the (Name of Applicant) \_\_\_\_\_, identified in this Application Form hereby declare on behalf of the Applicant that –

I understand that the Lotteries and Gaming Authority (the 'Authority') reserves the right to investigate all relevant data and facts to their satisfaction.

I authorise the Authority to conduct a complete and comprehensive investigation to determine the accuracy of all information gathered and I hereby release, waive, discharge and agree not to hold the Authority responsible for the receipt and use of such data, other than for unlawful processing of such information, acquired during investigations and inquiries.

I 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 on behalf of the applicant, a financial record check may be performed.

I hereby authorise any banking and, or financial institution to surrender to the Authority a complete and accurate record of any 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.

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/s involved in the operation of the applicant and I declare that I have the necessary powers to grant this authorisation.

Signature \_\_\_\_\_

Identity Card Number

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Date

DD	MM	YY			



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.

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

• Copies of Patents and/or Trademarks (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• Document Delegating Powers to Representative	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of any Other Relevant Gaming Licence/s	<input type="checkbox"/>	<input type="checkbox"/>
• Copies of published Audited Accounts (last three - if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• 3-Year Business Plan	<input type="checkbox"/>	<input type="checkbox"/>
• Remote Gaming Licence Application Fee (indicate payment method _____)	<input type="checkbox"/>	<input type="checkbox"/>
• Personal Declaration Form/s	<input type="checkbox"/>	<input type="checkbox"/>
• Personal Declaration Form (Key Official) (if applicable)	<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.**