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Form LGA/CA/01/2010

Casino Licence Application Form

- Please complete in block capitals and in black ink and return this completed form to the Lotteries and Gaming Authority.
- All answers must be completed in English.
- Documents provided in other languages must have a certified English translation attached thereto.
- 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 the signature
- The Authority reserves the right to request additional information.
- The Lotteries and Gaming Authority considers that the Gaming Act (Cap 400 of the Laws of Malta) empowers the Authority to request any person wanting to obtain a casino licence to operate a casino in Malta (subject to a Government Concession given to that effect) to fill in this application form.
- If there are any changes in the information provided in the Application Form between the date the application was submitted and the date it is determined, it is the Applicant's responsibility to advise the Lotteries and Gaming Authority immediately. Failure to do so could result in suspension or revocation of the relevant licence.

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Nan	ne (of R	epr	ese	nta	tive	è																	 							
Applicant's Trade Name																															
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1. Representative Contact Person

1.1	1.1 Name and Surname								
1.2	Profession								
1.3	lame of Firm (If Applicable)								
1.4	ddress of Firm (If Applicable)								
1.5	ffice Number 1.6 Cell Number								
1.7	ax Number								
1.8	mail Address								
1.9	tate the type of relation with the Applicant								
Involved Party Director Legal Representative Other									
	volved Party								
1.10	e you legally empowered to represent the Applicant?								
1.10 2. 2.1	e you legally empowered to represent the Applicant?								
2.	Body Corporate (Applicant) Details Jame of Registered Body Corporate								
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2.4	Regis	tered	Body Corporate Address	
2.5	Indica	ate any	other relevant premises which shall be used in connection with the propose	ed Gaming Operation
			resses at which you have been permanently resident over the last five (5) taddress and working backwards. Show the period at each residence.	years beginning with
	your Yes		taddress and working backwards. Show the period at each residence. tent/Trademark Number/s	
		Sta	tus	
		Cou	untry of Issue	
1	No			
3.	Lice	nsin	g and Operating History	
	3.1	The A	pplicant is establishing a new gaming operation with no previous record of g	gaming.
	3.2	The A 3.2.1	pplicant has financial interests in gaming operations already operating in M Current major gaming activities Betting (includes sportsbook	
			☐ Betting Exchange ☐ Casino, lotteries, poker room	
			☐ Remote Gaming etc. ☐ Other, please specify	, Dge,
		3.2.2	Structure of Body Corporate ☐ Single Member Entity ☐ Parent Entity	
			per Business Plan	
		3.2.2	List all Countries of Incorporation and the dates of registration Countries	Date
			Countries	Date
			Countries	Date
			Countries	Date
			Countries	Date
			Countries	Date



4. Declaration

I, (Name and Surname)		holding Ide	ntity Card Number
and residing at			
solemnly declare that -:			
As the appointed contact person of (Applicant Name)			
I have personally completed this Casino Licence Applicatio	n Form to which this D	eclaration is apper	ided to.
I hereby certify that all statements contained in, and atta knowledge and complete.	ched to this Applicatio	n Form are correc	t to the best of my
I confirm that all the information that I have submitted in s I understand that knowingly making a false statement for t			
I understand that misrepresentation or failure to submit any shall be deemed as good and sufficient cause for a refusal revocation if such misrepresentation or failure is discovered	to issue a Casino Licen		
I understand that should the information provided in relationary changes in the information provided in the Application the date it is determined, it is my responsibility to advise the so could result in any licence subsequently issued being re-	n Form between the da he Lotteries and Gamin	te the application g Authority immed	was submitted and
The Lotteries and Gaming Authority may request confirmation respect of evidence or documentation I have provided in Lotteries and Gaming Authority to request and receive infinitely parties.	in support of this Appli	cation Form. I agre	ee to authorize the
By signing this declaration I am agreeing to all of the abo	ve statements.		
Signature		Date:	
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 (Chapter 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

•	Copies of Patents and/or Trademarks (if applicable)			
•	Company Registration Certificate of Applicant			
•	Document Delegating Powers to Representative			
•	Copies of published Audited Accounts of shareholders (last year - if applicable)			
•	10-Year Business Plan			
•	Personal Declaration Form/s			
•	Other relevant documentation (Please Specify)		1	

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 this Application Form void.



5. Authorisation to Release Information

,		_(Name & Surname), as	the person identified in this
Application Form submitted by Lotteries and Gaming Authority (the 'Auth deem appropriate.	nority') to conduct a com	plete investigation using	hereby authorise the whatever legal means they
The Authority is empowered to investigate a is also empowered to conduct a complete a gathered. I hereby release, waive, discharq data, other than for unlawful processing of authorise that the lawful use of disclosure	and comprehensive inves ge and agree not to hold f such information, acqui	tigation to determine the liable the Authority for t	accuracy of all information the receipt and use of such
I understand that by signing this authorisa personal data, including sensitive personal and meet its legal obligations.	3 3 1		
Signature	Identity Card Number		Date