

4.3 List all Proposed/Registered Beneficiaries

4.4 List all Proposed/Registered Directors/Managing Partners

[illegible]

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:

[illegible]

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

<input type="checkbox"/>	Yes	(Patent/Trademark Number/s)
<input type="text"/>		
	Status	<input type="text"/>
	Country of Issue	<input type="text"/>

☐ No

5. 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 Renewal of Gaming Devices Class 4 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 renew a Class 4 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 about me 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 _____

6. Authorisation to Release Information

I, _____, as the appointed representative Contact Person legally empowered to act for and on behalf of (Name of Applicant) _____, identified in this renew of Gaming Devices Class 4 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

Documents which have not been subject to change since the last submission need not be submitted again

Please mark the boxes if any of the following enclosures have been attached and indicate number of copies:

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Business Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Memorandum and Articles of Association (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copies of Patents and/or Trademarks (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Document Delegating Powers to Representative (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copy of any Other Relevant Gaming Licence/s (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copies of published Audited Accounts (last three - if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Detailed information on the manner in which the applicant intends to ensure the proper conduct of its business, including the procedures adopted to ensure the timely repair and maintenance of the central system as and when necessary; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Personal Declaration Form/s for each associated person; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • A technical description of the central system specifications as may be required by the Authority; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Details of the proposed location of the central system in Malta and the standards maintained therein; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • A detailed operational manual outlining the application architecture, the system architecture, the software developer, security and control procedures, back-up and disaster recovery procedures; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • A description of the relevant gaming devices that are proposed to be connected to the central system; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • A list of the Class 3 Licensees in whose name the relevant gaming devices proposed to be connected to the central system are approved and registered; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Agreements with any person carrying out an activity referred to in regulation 3(1) with respect to that activity; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- A detailed description of the proposed accounting procedures and procedures for registering and recording on the central system all gaming and other processes taking place on or carried out through the relevant gaming devices; ☐ ☐
- The proposed policies, procedures and measures to ensure the compliance of the central system with the Act, these regulations and the licence; ☐ ☐
- Certified True Copies of any other relevant certificates, such as: other Licences and qualifications of the Applicant relating to the activities to be conducted under the Class 4 Licence ☐ ☐

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

