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Form LGA/CA/2010-05-01

Casino Employee Variation of Function Application Form

(Personal Declaration Form)

Under The Gaming Act, Chapter 400 of the Laws of Malta, 1998

- This form is to be filled by all licensed casino employees who intend changing their function within a licensed Casino according to articles 6 and 20 of the Gaming Act and to be submitted with the Lotteries and Gaming Authority by the Casino Licensee.
- "casino employee" means any receptionist, dealer, chef de table, cashier, supervisor, watcher, machine engineer, manager, or any other person who, in the view of the Authority, is involved in the gaming operations of a casino.
- An application for a variation of function of a licensed casino employee shall be subject to continued compliance by the licensee, in the previous licensed term of employment, of the conditions of the licence, the Act, the Regulations and any Directives issued there under.
- 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.
- 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. Write the section number at the top of the sheet and your signature.
- The Authority reserves the right to request additional information.
- If there are any changes in the information provided in this Application Form between the date this Application Form was submitted and the date it is determined, 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.

NAI	NAME OF LICENSED CASINO EMPLOYEE:																														
CAS	CASINO EMPLOYEE LICENCE NUMBER:																														
																										L	L	L	L		
					1	1						1			1											_					
NAI	NAME OF CASINO:																														
		1	1	1			1	ı	1		ı		1	 1		 1	1	ı	ı		1	1	1	1	 _	_		_	_		



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 Cell Number								
1.8	Email Address								
1.9	Date of Birth 1.10 Place of Birth								
I here in rel	1 /								
3.2	Registered Address								
3.3	Current Employee Licensed Function :								
2.4	Faralance License Number								
3.4	Employee Licence Number:								



authorised to sign on his behalf.)

4. CASINO LICENSEE'S RECOMMENDATION AND CERTIFICATION

6.1 I	(Name & Surname of Casino Licensee
Representative) as the	(insert Function) on behalf of
	(Name of Casino Licensee) who has engaged on secondment
or employed	(Name & Surname of Licensed Casino Employee) of
Identification No	
Declare that I have made such enquiries	deemed appropriate and have interviewed him/her.
Lotteries and Gaming Authority and is co	candidate is still suitable to hold a casino employee licence issued by the ompetent to take up the proposed function being applied for. In the event of ne applicant above mentioned, it is my intention to engage him / her in the
function/s of:	
I confirm that he/she has the required kne that position.	owledge of the Gaming Act 1998 and its regulations to undertake the duties of
By signing this declaration I am agreeing	y to all of the above statements.
Signature	Date:
Name in Block Letters	
Position held	
Name of Casino	
(To be signed by the holder of the gaming	g licence for the casing in which the applicant is to be employed or a person



5. Attachment Sheet
Answers to Section



6. Declaration

I, variation of function declare that:	(Name & Sur	name) as a	a licensed Ca	sino Emp	loyee applying for a
I am the person identified in this Application Form to		rmation is	attached and	I I have pe	rsonally completed
the Application Form to which this Declaration is ap	pended.				
Further I declare that the entire Application Form, sknowledge and belief, and that this statement is exeinformation requested may be deemed sufficient cavariation of function by the Lotteries and Gaming Au	cuted with the k ause for the refu	nowledge	that misrepr	esentation	or failure to revea
Further I am aware that later discovery or omission of the denial or cancellation of a Casino Employee					
Signature Identity	y Card Number			Date	
Name (in Block Letters)					Attach Photo
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 of Copies

•	3 Passport Size Photos (signed and dated at the back)		
•	Police Conduct Certificate (issued during the last 6 months from date of application)		
•	Certified True Copy of Identity Card (if Maltese)		
•	Copy of Casino Employee Licence Issued by the Authority		

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.

Under Section 42 of the Gaming Act 1998 a false statement may render the applicant liable to a fine (multa) of not less than €6,988.12 and not more than €232,937.34 or imprisonment of not more than two years or to both such fine and imprisonment provided that when the Attorney General certifies in terms of Section 48 of the Act that the offence will be adequately punished with a fine (multa) of not less than €232.94 and not more than €6,988.12 the applicable penalty shall be a fine (multa) of not less than €6,988.12 the applicable penalty shall be a fine (multa) of not less than €232.94 and not more than €6,988.12.



7. Authorisation to Release Information

,	(Name & Surname), as the person identified in this
Application Form submitted by Lotteries and Gaming Authority (the 'Authority') to conduct deem appropriate.	hereby authorise the a complete investigation using whatever legal means they
s also empowered to conduct a complete and comprehensiv gathered. I hereby release, waive, discharge and agree not	and facts to their satisfaction. I understand that the Authority we investigation to determine the accuracy of all information to hold liable the Authority for the receipt and use of such n, acquired during the investigations and inquiries. I hereby
	my explicit consent to the authority to collect and process tes to me, to enable the Authority to carry out this functions
Signature Identity Card N	umber Date DD MM YY
Designation	