



Form LGA/51/2010-03

Business Entity Information Form

Under Subsidiary Legislation 438.04

- This Form must be completed after Stage 1 of the licensing process.
- 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 submitted.
- 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.
- This Form should be submitted by either a legal representative of the Commercial Partnership, be it the Company Secretary or a Director or any other person duly appointed or by the Key Official (if he has already been appointed).
- Kindly attach a certified true copy of the Certificate of Registration and the Memorandum and Articles of Association or the Partnership Agreement as the case may be, of the Commercial Partnership that has applied for a Remote Gaming licence.
- If there are any changes in the information provided in this Form, it is the responsibility of the representative of the Commercial Partnership to advise the Authority immediately. Failure to do so could result in suspension or revocation of the relevant licence.

Name & Surname of Person Submitting this Form

[illegible]**Designation of Person Submitting this Form**[illegible]

Brand Name of Gaming Operation

[illegible]



1.1 Registered Name

1.2 Company/Partnership Registration Number

1.3 Date of Registration with MFSA

1.4 Has the Company obtained an Advance Revenue Ruling

1.5 Brand/Trade Name

1.6 Remote Gaming Licence (indicate class)

1.7 Registered Office Address

1.8 Operating Address in Malta (if not as above)

1.9 Contact Telephone Number(s)

1.10 Company Fax Number(s)

1.11 Company Email address

1.12 Website(s) – list all

1.13 Name of Credit Institution

1.14 Operating account number

1.15 Players account number:

1.16 Financial Year End

1.17 Authorised Share Capital

1.18 Issued Share Capital

1.19 Percentage of Paid Up Share Capital

Last Updated on May, 2011



2. System Ownership

2.1 Intellectual Property Rights of Gaming System/Control System software is owned by

- 2.1.1 ☐ Licensee named above
- 2.1.2 ☐ Third Party (provide name here)

2.2 Indicate the relationship with Gaming System software supplier

- 2.2.1 ☐ Profit Sharing
- 2.2.2 ☐ Fixed Fee agreement
- 2.2.3 ☐ One time sale to Licensee named above
- 2.2.4 ☐ Other (e.g. software written in-house)

NOTE Details of any/all Third Parties with rights over Gaming System software, and copies of relevant agreement(s), are required.

2.3 Hardware used for Gaming and Control System is owned by

- 2.3.1 ☐ Licensee named above
- 2.3.2 ☐ Leased through Third Party

NOTE Details of any/all Third Parties with rights over Gaming System hardware, and copies of relevant agreement(s), are required.

Hardware used for Gaming and Control System will be supported by

- 2.3.3 ☐ Licensee named above
- 2.3.4 ☐ Contract with Third Party

NOTE Details of any/all Third Parties with access to Gaming System software or hardware, and copies of relevant agreement(s), are required.

2.4 Are agents engaged as re-sellers of Gaming System service Y ☐ N ☐

2.5 If yes, does the licensee own the agencies: Y ☐ N ☐

[illegible]



4. Solemn Declaration

I, _____ of _____ solemnly declare that:

As the appointed Legal Representative/Key Official of _____ (Name of Commercial Partnership)

I have personally completed the Business Entity Information Form (the 'Form') to which this Declaration is appended. I am aware that any changes to the details provided herein are to be notified to the Lotteries and Gaming Authority (the 'Authority') within a week of the event becoming known to me.

Further I declare that the entire Form, statements and attachments are true and correct to the best of my knowledge and belief.

Further I am aware that later discovery or omission or misrepresentation made in the above statements may be grounds for the suspension or cancellation of a licence granted by the Authority.

I understand that 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 Form. I agree to authorise the Authority to request and receive information from such third parties.

By this declaration I recognise the right of the Authority to visit the premises named above to conduct such audits as deemed necessary under Subsidiary Legislation 438.04. I fully authorise employees of _____ to release information relating to the operations to the Authority.

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 _____



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 fulfil 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

- Letter of Appointment of Legal Representative
(No need for this Letter if the person submitting this Form is a director/partner,
Company Secretary or the appointed Key Official)
- Copy of Memorandum and Articles of Association
- Partnership Agreement (in case of a Partnership)
- Certificate of Registration of Commercial Partnership

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<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.