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### Form LGA/GD/2011-11

## Gaming Devices Approval of Employee Application Form

- This Application Form is to be filled by all persons who are to be employed or permitted to work in relation to Gaming Devices Operations. Prior to commencing such employment the Lotteries and Gaming Authority's (the 'Authority') approval must be obtained as per the provisions of the Gaming Devices Regulations (S.L. 438.07) (the 'Regulations').
- This Application Form is to be submitted to the Authority by the Key Official.
- Please complete in Block Capitals and in black ink and return this completed form to 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 and 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, it is the Licensee's responsibility to advise the Authority as per regulation 45 of the Regulations by not later than thirty (30) days after the change has occurred. Failure to do so could result in suspension or cancellation of the certificate of approval.

NAME OF APPLICA	ANT							
NAME OF LICENSEE:								
LICENCE NUMBER:								
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### 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 Nu	umber													
1.5	Present residential address														
1.6	Phone Number	1.7	Ce	ll Nu	mbe	r									
							1								
1.8	Fax Number							'	'	'					
1.9	Email Address														
		1 1		1 1	1	1 1				,					1
1.10	Date of Birth 1.11 Place of Birth														
1.10	Date of Birtii							_							
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2.6

your current address and working backwards. Show the period at each residence. Month/Year Street and No. City Province/State Country Month/Year Street and No. City Province/State Country Month/Year Street and No. Province/State City Country Month/Year Street and No. Province/State City Country  $Y \square N \square$ Is your country of residence different from your country of domicile? 2.7 2.7.1 If yes, please specify

List all addresses at which you have been permanently resident over the last five (5) years beginning with



# 3. Arrests, Detentions and Litigation

3.1	Have you ever been charged, arrested or sur an offence, regardless of the disposition, in a		Y DND	
Natur	3.1.1 If yes, give details in the space provide of Offence City/Province/State/Country		without exception.  Result of Hearing or other	er disposition
3.2	Have you ever been a party in a civil lawsuit claimed, or are you aware of any such action t details an attachment sheet).			Y N
3.3	Have you ever had a judgement entered against offences? (if Yes please provide details on an at		offences and traffic	Υ□N□
3.4	Has your salary, wage, earnings or other attachment or other judicial proceeding? (if Yosheet)			Y □ N □
4.	Employment			
4.1	Beginning with your current employment, list y	our work history in the	last five (5) years.	
Empl	oyer Name, Address and Phone Number			
Job T	itle & Description of duties			
Name	e & Surname of person you reported to		Duration of Employment	
Reas	ons for Leaving			



Employer Name, Address and Phone Number	
Job Title & Description of duties	
Name & Surname of person you reported to	Duration of Employment
Reasons for Leaving	
Employer Name, Address and Phone Number	
Job Title & Description of duties	
Name & Surname of person you reported to	Duration of Employment
Name & Surname of person you reported to	Duration of Employment
Reasons for Leaving	
Reasons for Leaving	
Employer Name, Address and Phone Number	
Job Title & Description of duties	
Name & Surname of person you reported to	Duration of Employment
Reasons for Leaving	
Fordown News Address and Dhana News Law	
Employer Name, Address and Phone Number	
Job Title & Description of duties	
Job Title & Description of duties	
Name & Surname of person you reported to	Duration of Employment
Traine a carriame of person you reported to	Datation of Employment
Reasons for Leaving	



4.2 Have you ever been dismissed, discharged or asked to resign from any employment?	YL NL
4.2.1 If Yes, complete the following	
Employer Name and Address	
Supervisor's Name Date	
Reasons for Dismissal, Discharge or Resignation	
Employer Name and Address	
Supervisor's Name Date	
Reasons for Dismissal, Discharge or Resignation	
Reasons for Distrissat, Discharge of Resignation	
5. Employment Details	
5.1 Name of Licensee:	
5.2 Function/s for which an approval is being sought	



## 6. Licensee's Recommendation and Certification

l	(Name & Surname of Key Official) of Identification No.
, on behalf of	(Name of Licensee) who will engage
on secondment or will be the prospective employer of	(Name & Surname of
applicant employee) of Identification No	
declare that I have made such enquiries deemed appropriate the above candidate is suitable for an approval for employment of an approval being granted to the above-mentioned application.	nt issued by the Lotteries and Gaming Authority. In the event
I confirm that he/she has the required knowledge of the G duties assigned to him/her.	aming Devices Regulations (S.L. 438.07) to undertake the
By signing this declaration I am agreeing to all of the above	e statements.
(Signature of Key Official)	Date:



## 7. Declaration

applying for an approva	l to be employed with
nsee) declare that:	
	olication Form') and I
vith the knowledge that misrepres	entation or failure to
	e statements may be
are a recent likeness of myself.	
atements.	
Date	DD MM YY
	Attach Photo
i	nsee) declare that:  mployee Application Form (the 'Appleclaration is appended.  ents and attachments are true and with the knowledge that misrepres or the refusal to issue an approval of the interest of the Authority.  are a recent likeness of myself.



#### **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 and, or an approval.

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

•	Original or Certified True Copy of Birth Certificate			
•	Certified True Copy of Identity Card (if Maltese)			
•	Certified True Copy of Passport			
•	Passport Sized Photos signed and dated on the back			
•	Original or Certified True Copy of Police Conduct Certificate (issued during the last 15 days prior to the date of the application)			
•	Updated Curriculum Vitae			
•	Certified True Copy of Work Permit issued by the Employment & Training Corporation (ETC)			
•	Application Fee of twenty-five euro (€25)			

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.



## 8. Authorisation to Release Information

I,	(Name & Surname), as the pers	son identified in this
Application Form submitted by		ereby authorise the er legal means they
The Authority is empowered to investigate all relevant data and facis also empowered to conduct a complete and comprehensive invegathered. I hereby release, waive, discharge and agree not to hol data, other than for unlawful processing of such information, acquauthorise that the lawful use of disclosure of this data.	stigation to determine the accurac d liable the Authority for the rece	cy of all information ipt and use of such
I understand that by signing this authorisation, I am giving my expersonal data, including sensitive personal data, which relates to and meet its legal obligations.		'
Signature	Date	



9.	Attachme	nt Sheet		
	wers to Section			

Last Updated on May, 2012