



## **NATIONAL LOTTERY PERSONAL DECLARATION FORM (Money Laundering Reporting Officer)**

- 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 Maltese or English.
- Any Documents provided in other languages must have a signed Maltese or 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.
- The Licence to Operate the National Lottery of Malta requires the licensee to appoint at least one Money Laundering Reporting Officer for approval by the Authority.
- If there are any changes in the information provided in this Application Form, 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 and, or approval.

### **NAME OF APPLICANT**

### **NAME OF BODY CORPORATE**

### **TRADE NAME OF THE LICENSEE**



## 1 Personal Details

### 1.1 Name and Surname

### 1.2 Maiden Name (if applicable)

### 1.3 Profession

### 1.4 Title (Mr, Mrs, Miss, Dr, etc)

### 1.5 Academic Qualifications

### 1.6 Present residential address

### 1.7 Phone Number

### 1.8 Mobile Number

### 1.9 Email Address

### 1.10 State type of Involvement with Licensee

### 1.11 Date of Birth

### 1.12 Place of Birth

1.13 Gender M ☐ F ☐

## 2. Passport Information

### 2.1 Passport Number

### 2.2 Place of Issue

### 2.3 Date of Issue

### 2.4 Date of Expiry

### 2.5 List all countries where you have been issued with a passport

Country	Date of Issue	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



**2.6. List all addresses at which you have been permanently resident over the last five (5) years, beginning with your current address and working backwards. Show the period at each residence.**

Month / Year	Street and Number	
<input type="text"/>	<input type="text"/>	
City	Province / State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year	Street and Number	
<input type="text"/>	<input type="text"/>	
City	Province / State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year	Street and Number	
<input type="text"/>	<input type="text"/>	
City	Province / State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year	Street and Number	
<input type="text"/>	<input type="text"/>	
City	Province / State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Month / Year	Street and Number	
<input type="text"/>	<input type="text"/>	
City	Province / State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

**2.7 Is your country of residence different from your country of domicile?** Y ☐ N ☐

**2.7.1 If yes, please specify**



### 3. Arrests, Detentions and Litigation

**3.1 Have you ever been charged, arrested or summoned for an offence, regardless of the disposition, in any jurisdiction?**

Y ☐ N ☐

**3.1.1 If yes, give details in the space provided below. List all cases without exception.**

Nature of Offence	City/Province/State/Country	Date of Offence	Result of Hearing or other Disposition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3.2 Have you ever been a party in a civil lawsuit in which an amount exceeding €3,500 was claimed, or are you aware of any such action that may be on pending?**  
(if Yes, please provide details in an attachment sheet).

Y ☐ N ☐

**3.3 Have you ever had a judgement entered against you?** (if Yes please provide details on an attachment sheet)

Y ☐ N ☐

**3.4 Has your salary, wage, earnings or other income been subject to garnishee order, attachment or other judicial proceeding?** (if Yes please provide details on an attachment sheet)

Y ☐ N ☐

**3.5 Have you ever had an article repossessed by a finance company or other institution?** (if Yes please provide details on an attachment sheet)

Y ☐ N ☐

### 4. Employment

**4.1 Beginning with your current employment, list your work history in the last five (5) years.**

Employer Name, Address and Phone Number

<input type="text"/>
<input type="text"/>

Job Title and Description of Duties

<input type="text"/>
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Name and Surname of the person you reported to

Duration of Employment

<input type="text"/>
----------------------

<input type="text"/>
----------------------

Reasons for Leaving

<input type="text"/>
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Employer Name, Address and Phone Number


Job Title and Description of Duties

--

Name and Surname of the person you reported to

Duration of Employment

--

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Reasons for Leaving

--

Employer Name, Address and Phone Number


Job Title and Description of Duties

--

Name and Surname of the person you reported to

Duration of Employment

--

--

Reasons for Leaving

--

Employer Name, Address and Phone Number


Job Title and Description of Duties

--

Name and Surname of the person you reported to

Duration of Employment

--

--

Reasons for Leaving

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**4.2 Have you ever been dismissed, discharged or asked to resign  
from any employment?**

Y ☐ N ☐

**4.2.1 If Yes, complete the following:**

Employer Name, Address and Phone Number

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Supervisor's Name

Date

Reasons for Dismissal, Discharge or Resignation

Employer Name, Address and Phone Number

Supervisor's Name

Date

Reasons for Dismissal, Discharge or Resignation

## 5. Directorships and Business Affiliations

**5.1 On an attachment sheet, provide full details of any other directorships, partnerships or other business interests or affiliations which you are currently associated or previously associated.**

**5.2 Are you or have you been associated with the ownership, administration or management of, or held any financial interest in:**

A casino

Y ☐ N ☐

Lottery operations

Y ☐ N ☐

Remote Gaming Operation

Y ☐ N ☐

Sports betting and betting shops

Y ☐ N ☐

Development of gambling software

Y ☐ N ☐

Agencies which act as wholesalers or resellers of gambling services

Y ☐ N ☐

Manufacturing of gambling devices

Y ☐ N ☐

Services or financial firms servicing the gambling industry

Y ☐ N ☐

**5.3 Other than indicated in 5.2, have you at any time been engaged in the gambling industry?** (if Yes please provide details on an attachment sheet)

Y ☐ N ☐

**5.4 Have you ever been involved in any company that has been in liquidation or receivership or been placed under administration?** (if Yes please provide details on an attachment sheet)

Y ☐ N ☐

## 6. Bank References

Nominate a Bank who has known you for a period of not less than five (5) years. Persons giving references may be contacted for additional information.

**6.1 Name of Bank**



**6.2 Address**


**6.3 Contact Person**

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**6.4 Position**

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**6.5 Phone Number**

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**6.6 Contact email**

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**7. Financial Details**

**7.1 Have you ever become bankrupt or availed yourself of the laws relating to bankruptcy or insolvency?**

Y ☐ N ☐

**7.2 If Yes, Please provide details hereunder**


**8. Additional Details**

**8.1 Residential address in Malta:**

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**8.2 Residence Permit Number:**

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**8.3 Malta Inland Revenue Department Personal Tax Number:**

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**8.4 Maltese ID Card number:**

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## 9. Declaration

I, (Name and Surname) \_\_\_\_\_ of Identity Card/Passport Number \_\_\_\_\_ and residing at \_\_\_\_\_, solemnly declare that as the appointed Money Laundering Reporting Officer of (Licensee) \_\_\_\_\_:

I have personally completed this National Lottery Personal Declaration 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 Form 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 issue a National Lottery Licence being applied for simultaneously 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 from such third parties.

I confirm that the attached signed passport sized photographs are a recent likeness of myself.

**By signing this declaration I am agreeing to all of the above statements.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_ at \_\_\_\_\_ this \_\_\_\_\_  
(Name of Witness in block letters)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Capacity of Witness

Attach Photo





## **10. 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.



## 11. Authorisation to Release Information

I, \_\_\_\_\_ (Name & Surname) as the Person identified in this National Lottery Personal Declaration Application Form hereby authorise the Lotteries and Gaming Authority (the 'Authority') to conduct a complete investigation using whatever legal means they deem appropriate.

The Authority is empowered to investigate all relevant data and facts to their satisfaction. I understand that the Authority is also empowered to conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. I hereby release, waive, discharge and agree not to hold liable the Authority for the receipt and use of such data, other than for unlawful processing of such information, acquired during investigations and inquiries. I hereby authorise the lawful use or disclosure 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 me, to enable the Authority to carry out its functions and meet its legal obligations.

Signature \_\_\_\_\_

Identity Card/Passport Number \_\_\_\_\_

Date: \_\_\_\_\_



## 12. Enclosures

Please mark the boxes if any of the following enclosures have been attached and indicate Number of Copies

- |  |                          |                      |
|--|--------------------------|----------------------|
| • Certified True Copy of Passport/ID Card  | <input type="checkbox"/> | <input type="text"/> |
| • Two (2) Passport Size Photos signed and dated on the back                                    | <input type="checkbox"/> | <input type="text"/> |
| • Original or Certified True Copy Police Conduct Certificate (updated to within one (1) month) | <input type="checkbox"/> | <input type="text"/> |
| • Credit and/or Financial Reference  | <input type="checkbox"/> | <input type="text"/> |
| • Letter of Appointment/Engagement as Money Laundering Reporting Officer                       | <input type="checkbox"/> | <input type="text"/> |
| • Updated Curriculum Vitae   | <input type="checkbox"/> | <input type="text"/> |
| • Bank Reference   | <input type="checkbox"/> | <input type="text"/> |

**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.**

