





#### 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.

To the best of my knowledge the above candidate is still suitable to hold a casino employee licence issued by the Lotteries and Gaming Authority and is competent to take up the proposed function being applied for. In the event of a change of function being granted to the applicant above mentioned, it is my intention to engage him / her in the

function/s of: \_\_\_\_\_

I confirm that he/she has the required knowledge of the Gaming Act 1998 and its regulations to undertake the duties of that position.

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

Signature \_\_\_\_\_

Date: 

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Name in Block Letters \_\_\_\_\_

Position held \_\_\_\_\_

Name of Casino \_\_\_\_\_

(To be signed by the holder of the gaming licence for the casino in which the applicant is to be employed, or a person authorised to sign on his behalf.)

## 5. Attachment Sheet

## Answers to Section

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[illegible]

## 6. Declaration

I, \_\_\_\_\_ (Name & Surname) as a licensed Casino Employee applying for a variation of function declare that:

I am the person identified in this Application Form to which this Affirmation is attached and I have personally completed the Application Form to which this Declaration is appended.

Further I declare that the entire Application Form, statements and attachments are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a new Casino Employee licence with a variation of function by the Lotteries and Gaming Authority.

Further I am aware that later discovery or omission or misrepresentation made in the above statements may be grounds for the denial or cancellation of a Casino Employee licence granted by the Lotteries and Gaming Authority.

Signature \_\_\_\_\_

**Identity Card Number**

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**Date**

DD	MM	YY			

Name (in Block Letters) \_\_\_\_\_

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

Attach Photo

## 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

<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.**

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

I, \_\_\_\_\_ (Name & Surname), as the person identified in this

Application Form submitted by \_\_\_\_\_ 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 the investigations and inquiries. I hereby authorise that the lawful use of 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 this functions and meet its legal obligations.

Signature \_\_\_\_\_

Identity Card Number

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Date

DD	MM	YY			

Designation \_\_\_\_\_