Suite 1, Level 3, TG Complex, Brewery Street, Mriehel, BKR 3000, Malta

Tel: +356 2546 9000

Email: info@lga.org.mt Fax: +356 2144 6950 | www.lga.org.mt

Form LGA/51/2010-09

Licensee Intermediary

Date:			
	חח	MM	YY

- 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.
- 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/ authorisation.

Licensee (Must be licensed under Class 1, 2 or 3)	Licence Number
Intermediary Brand Name	
URL	
Intermediary Contact Person	Position
Intermediary Contact Address	
Country	
	Registered company
Email Address of Intermediary Contact Person	
If yes, does licensee keep a copy of the players' personal data Y I Does intermediary keep any records of player funds Gaming System will be modified Y I	Primary business nature of intermediary Skin Affiliate (Excluding web traffic forwarders) White Label Land Based Agent



Description of agre Attach certified true cop	ement entered with Intermediar y of the contract.	y Site	
☐ Contract with the Intermediary has been signed		Duration of Co	ontractmonths.
		Name in Block Letters of Key Person	
		E-mail address of Key Person	
Key Person Signature_			
For Office Use O	nly		Date DD MM YY
Control Officer			Approved Y□ N□
Compliance Officer			Approved Y□ N□