







## 4. Declaration

I, (Name and Surname) \_\_\_\_\_ holding Identity Card Number \_\_\_\_\_  
\_\_\_\_\_ and residing at \_\_\_\_\_,

solemnly declare that –:

As the appointed contact person of (Applicant Name) \_\_\_\_\_ -

I have personally completed this Casino Licence 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 shall be deemed as good and sufficient cause for a refusal to issue a Casino Licence being applied for 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 between the date the application was submitted and the date it is determined, it is my responsibility to advise the Lotteries and Gaming Authority immediately. Failure to do so could result in any licence subsequently issued being reviewed and possibly cancelled.

The Lotteries and Gaming 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 authorize the Lotteries and Gaming Authority to request and receive information about such evidence or documentation from such third parties.

**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 (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

- Copies of Patents and/or Trademarks (if applicable)
- Company Registration Certificate of Applicant
- Document Delegating Powers to Representative
- Copies of published Audited Accounts of shareholders (last year - if applicable)
- 10-Year Business Plan
- Personal Declaration Form/s
- Other relevant documentation (Please Specify \_\_\_\_\_)


**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 this Application Form void.**

## 5. 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**   
DD MM YY