

# Self-Barring Request Form

## 1. Personal Details

1.1 Name

1.2 Surname

1.3 Present official address



1.4 Country

1.5 Nationality

1.6 Phone Number

1.7 Mobile Number

1.8 Passport Number

1.9 Place of issue

1.10 Driving Licence Number

1.11 Place of issue

1.12 Identification Number

1.13 Date of Birth

1.14 Gender M  F

1.15 I request that the ban is valid for (tick accordingly):  six (6) months; or  one (1) year.

By signing this Self-Barring Request Form (the 'Form'), I am declaring that I understand and agree with the declarations attached to this Form.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Name and Surname

Date

## 2. For Official Use

This Self-Barring Request Form has been received on \_\_\_\_\_ {DATE}

by \_\_\_\_\_ {NAME & SURNAME} holding

the post of \_\_\_\_\_, on behalf of \_\_\_\_\_ {NAME OF LICENSEE}

at \_\_\_\_\_ {ADDRESS}.

### 3. Declaration of Applicant

I hereby request that, with immediate effect, a ban and restriction is placed on my admission to enter any premises licensed by the Malta Gaming Authority (hereinafter the 'Authority') (i.e., for the purposes of this Self-Barring Request Form (hereinafter the 'Form'), all licensed bingo halls, casinos and gaming parlours) whereby gaming is legally being held in Malta and Gozo.

I understand that my request is being formulated according to Art. 24(4)(iii) of the *Commercial Tombola (Bingo) Regulations* (S.L. 438.05); Art. 26(1)(e) of the *Gaming Act* (Cap. 400 of the Laws of Malta); and Art. 33(4)(f) of the *Gaming Devices Regulations* (S.L. 438.07).

I understand that if I do not specify the validity of the ban I am hereby applying for, such ban shall automatically be considered valid for one (1) year.

The ban hereby being requested shall not be cancelled before its expiry.

I understand that the bar, for which I am hereby applying for, shall no longer be valid as from 8am of the following day after either the six (6) month or one (1) year period, whichever I have applied for, has lapsed.

I declare that I am voluntarily requesting to be self-barrred and I understand that this request applies and is effective to all licensed bingo halls, casinos and gaming parlours in Malta and Gozo.

I understand that this barring shall become effective as from the date when I present this Form in any licensed bingo hall, casino or gaming parlour. If the Form is submitted at the Authority during its office hours (i.e. Monday to Friday, 9am to 4pm), the barring shall be effective as from the next working day from when it is received by the Authority.

I understand that the Authority, assisted by all concerned parties, shall implement means to restrict my entrance into all licensed land-based gaming premises but it is my responsibility, first and foremost, to assure that I do not contravene my request to be barred from such premises. Furthermore I acknowledge that entering a licensed gaming premises during the period I have chosen to be barred is tantamount to an offence and is punishable. I shall not hold the Authority responsible or liable if I enter any licensed gaming premises during such period.

I certify that all the information contained in this Form is correct and accurate and I understand that submitting misleading or incorrect information is tantamount to a false declaration to a public authority.

I understand that for security and protection of personal data reasons I shall not send the Form by post. Furthermore I declare that I have personally submitted this Form.

I understand that the information provided on this Form shall 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.

I understand that any material or information which I send to the Authority and which the Authority records 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.

Notwithstanding the above, I am granting to the Authority an unconditional authorisation to transfer my information to all operators licensed by the Authority in order to implement the self-barring mechanism.