



**Application for a Licence
To Operate a Marketing
Company for the
Promotion of Timeshare
And Timeshare-Like Products (thro OPCs)**

File

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Receiving Officer: _____

**MALTA TOURISM AUTHORITY
Licensing Administration Section
229 Merchants Street
Valletta VLT 1170**

Date Received Stamp:

This application for a licence to operate a Marketing Company for the promotion of Timeshare and Timeshare-like products is in 4 parts. Parts 1 and 2 are to be filled in. Part 3 indicates the documentation/information required for the process of the application. Part 4 shows the obligations of the licensee as per current legislation and is to be signed and dated by applicant on behalf of the company he represents.

Warning to applicant. Any false statements, misrepresentation or concealment of material fact on this form or on any document presented in support of this application, may be grounds for criminal prosecution and the revocation of the licence.

DATA PROTECTION STATEMENT: Personal information provided in your application is protected under the Data Protection Act 2001. The Malta Tourism Authority will process your personal data in accordance with the provisions of the Data Protection Act (Chapter 440 of the Laws of Malta) for licensing and administrative purposes and to comply with the Authority's legal obligations. Upon approval of your application, the Authority, occasionally, may use your personal details for marketing purposes.

If you still have queries you can telephone for advice on phone no. 22915271 or 22915000 or e-mail at licenses@visitmalta.com

01 DETAILS OF COMPANY			
	Name of Company		
	Address		
	Telephone		
	Fax		
	E-Mail		
	VAT Number		
	(i) Details of proposed operation (tick applicable box)	<input type="checkbox"/> Timeshare	<input type="checkbox"/> Timeshare-Like Products
	(ii) If Timeshare-like product, please specify the kind of product being marketed.		

02 DETAILS OF APPLICANT	
	Name of Person representing the Company and in whose name licence is to be issued
	Position within the Company
	Residential Address
	Telephone No.
	I.D. Card No.

03 SUBMISSION OF DOCUMENTS / INFORMATION

- 1 Recent Police Conduct Certificate of applicant representing the Company
- 2 Copy of Memorandum and Articles of Association of the Company
- 3 The number and identity of the units per resort marketed for Timeshare
- 4 The names of the resorts being marketed, and the number of OPC's per resort

Resort Marketed	No. of OPC per resort
A.	
B.	
C.	
D.	
E.	
F.	
G.	

04 DECLARATION OF APPLICANT

I, the undersigned, declare that:-

- (a) I am aware of my obligations under current legislation relating to the marketing of Timeshare and Timeshare-like products.
- (b) I am obliged to deposit a **BOND** in favour of the Authority, at a Bank and Account indicated by the Authority, for the amount of €2329.37 (LM1000) for every OPC engaged by my company; that any amounts withdrawn by the Authority from this Bond, shall be replaced by my Company within seven days of any imposition by the Authority of a Fine as specified in the regulations.
- (c) If my company, or anybody on its behalf, engages any OPC who is not licensed as such by the Authority, my company shall be liable to pay a **PENALTY** of €2329.37 (LM1000) and shall also have the maximum number of its OPC permits reduced by two for a period of twelve months from the day of the penalty imposition.
- (d) My company shall be liable to pay the **FINES** indicating in the regulations for the different breaches of the regulations as indicated in the same legislation.

(e)

I shall abide, at all times by the provisions of the Malta Travel & Tourism Services Act (Cap 409) and regulations made thereunder;

(f)

I bind myself to inform the Authority of any changes in circumstances regarding the information given within one week of its occurrence;

(g)

I declare that the information given on this form is accurate and complete.

(h)

I have read the data protection statement and **(tick as appropriate)**

I CONSENT to the information provided on this application being disclosed as described in the statement.

OR

I DO NOT CONSENT to direct marketing.

Signature of Applicant

Signatory's name

On behalf of (Company's Name).....

Official Position

Date

This form should be returned to the Malta Tourism Authority, Licensing Section at the address shown on the front page.