


NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

<p align="center">INSTRUCTIONS</p> <p>This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations, 2004</p> <p><i>This form has 20 pages (including this page)</i></p> <p><i>The same form must be completed, where applicable, when applying for renewal of national licence.</i></p> <p><i>The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application.</i></p> <p align="center">Contacting the National Gambling Board</p> <hr/> <p>National Gambling Board The dti Campus 2nd Floor, Building E, Uuzaji 77 Meintjie St. Sunnyside 0002 Private Bag X27, Hatfield, 0028. Republic of S.A. Tel: (012) 394 3800 Fax: (012) 394 4800 e-mail: info@ngb.org.za website: www.ngb.org.za</p>	<div align="center">  <p>National Gambling Board a member of the dti group</p> </div> <p align="center">FORM NGB 5/1(a)</p> <p align="center">APPLICATION FOR <input type="checkbox"/> / RENEWAL OF <input type="checkbox"/> MANUFACTURER'S / TEST AGENT LICENCE</p> <hr/> <p>Full Names of Applicant _____</p> <p>Employer: _____</p> <hr/> <p>APPLICANT'S SIGNATURE _____</p> <hr/> <p>DATE _____</p>
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This form is prescribed by the Minister of Trade and Industry in terms section 38(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

**All correspondence to be addressed to:
The Chief Executive Officer
Provincial Licensing Authority's Postal Address**

**PLA'S CONTACT DETAILS:
Telephone no:
Fax no:**

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

APPLICATION INSTRUCTIONS

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.
2. **Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information required, your application may be rejected.**
3. If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided. If there is nothing to disclose about a particular question, write "None" in the space provided. If an alteration is made to an answer, sign in full next to the alteration.
4. All answers on this form, except signatures, must be typed or **neatly printed in black ink**. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. **This application form must be completed by the designated person by the applicant.**
6. The original completed application form and all the additional required information plus **one copy of all pages, including all supporting documentation**, must be submitted.
7. An entity whose application for a licence is completed must submit an income tax clearance certificate or equivalent from the country of origin.
8. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
9. All dates must be in the format: **Day / Month / Year**.

BUSINESS ENTITY DISCLOSURE FORM

1. LICENCE TYPE

If applying for one or more category of licence, please indicate with "X" in the boxes provided.

	MANUFACTURER OF GAMING MACHINES
	TESTING AGENT

List categories of equipment you wish to manufacture:

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008**2. DETAILS OF ENTERPRISE****NAME OF ENTERPRISE***

* Name as appears on the certificate of incorporation, charter, by – laws, partnership agreement or other official document. DO NOT ABBREVIATE.

TRADE NAME(S) (IF ANY)

Person to be contacted in reference to this form:

NAME	TELEPHONE NO (INCLUDE AREA CODE)
DESIGNATION	

The principal business address of the enterprise:

BUSINESS PHYSICAL ADDRESS

MAILING ADDRESS (IF DIFFERENT)	CITY	PROVINCE	POSTAL CODE

The address from which the enterprise is or will be concluding any business as part of an agreement with a licence.

STREET LOCATION (NUMBER/STREET)	CITY	PROVINCE	POSTAL CODE
COUNTRY	TELEPHONE NO. LOCATION (INCLUDE AREA CODE)		

3. OTHER NAME (S) AND ADDRESS OF THE ENTERPRISE

- (a) List all other names under which the enterprise has done business, and give approximate time periods during which such names were in use.

- (b) State all other addresses currently occupied/held by the enterprise and all addresses from which the enterprise is currently doing business.

NUMBER AND STREET	CITY	PROVINCE	POSTAL CODE

SIGNATURE: _____

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- (c) State all addresses, other than those listed above, which the enterprise occupied/held or from which it was conducting business during the last ten – year period, and give the approximate time periods during which such addresses were occupied/held.

NUMBER AND STREET	CITY	PROVICE	POSTAL CODE	FROM	TO

4. DESCRIPTION OF ENTERPRISE

- (a) Specify the business form of this enterprise (i.e., corporation, partnership, trust, joint venture, sole proprietorship or otherwise).

- (b) Submit a copy of the certificate of incorporation and all amendments, charter, by – laws, partnership agreement, trust agreement or other basic documentation of the enterprise, if any. This document must be labelled – **Attachment 4(b)**.

5. DESCRIPTION OF PRESENT BUSINESS

As **Attachment 5**, describe the business done by the enterprise and its parent, holding, subsidiary and intermediary companies and the general development of such business during the past five years, or such shorter period as the corporation of its parent, holding, subsidiary and intermediary companies may have been engaged in business. This description must include information on matters such as the following:

- (a) The principal products produced and serviced by the enterprise and its parent, holding, subsidiary and intermediary companies, the principal markets for said products or services and the methods of distribution. (Differentiate between gaming related and non-gaming related products)
- (b) The sources and availability of raw material essential to the business of the enterprise.
- (c) The importance to the business and the duration and effect of all material patents, trademarks, licences, franchises, royalties, exclusive distribution, concessions and any other related agreements held.

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6. DESCRIPTION OF FORMER BUSINESS

As **Attachment 6**, describe any former business not listed above, which the enterprise any parent, holding, subsidiary and intermediary company engaged in during the last ten – year period, and the reasons for the cessation of such business. Also indicate the appropriate time period during which each such business was conducted.

7. STOCK DESCRIPTION (CORPORATION)

Describe the nature, type, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock/shares issued, or to be issued, by the corporation including the number of shares of each class of stock authorised or to be authorised and the number of shares of each class of stock outstanding (i.e. not held by or on behalf of the issuer) as on this date.

ORDINARY SHARES	PAR VALUE	NUMBER

PREFERENCE SHARE	PAR VALUE	NUMBER

OTHER (INCLUDING OPTIONS)	PAR VALUE	NUMBER

VOTING RIGHTS

If the rights of holders of any class of stock may be modified other than by a vote, indicate this and explain briefly as **Attachment 7**.

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8. NON-VOTING SHAREHOLDERS

Furnish the information called for in the table below, as to each person or entity holding or having a beneficial interest in any non-voting stock issued by the corporation:

NAME AND ADDRESS	DATE OF BIRTH	NUMBER OF SHARES HELD	PERCENTAGE OF OUTSTANDING VOTING STOCK

* This information must be provided as on a date no more than sixty (60) days prior to the date of this application.

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 8**.

9. QUALIFIERS

Please indicate all persons or entities in your enterprise that correspond to the sub-items listed below. If any of the sub-items (a) to (i) does not apply, please indicate "Does not apply" directly on this form.

NOTE: A PERSONAL HISTORY DISCLOSURE FORM MUST BE COMPLETED BY EVERY PERSON NOTED IN SUB-ITEMS (a) TO (i) BELOW, IN ADDITION, THE LICENSING AUTHORITY MAY, AT ITS DISCRETION, ORDER ADDITIONAL PERSONS ASSOCIATED WITH THE ENTERPRISE TO FILE SUCH A FORM IF IT APPEARS THAT SUCH PERSONS SHOULD BE QUALIFIED.

- (a) All persons who will act as sales representatives or otherwise regularly engage in the solicitation of business from a licence holder other than the holder of an employment licence;
- (b) All persons who have or will sign any agreement with a licence holder other than the holder of an employment licence;
- (c) The management employee supervising the regional or local office which employs the sales representative(s) described in sub-item (a);
- (d) All offices of the enterprise;
- (e) All directors or trustees of the enterprise;
- (f) All partners, whether general, limited or otherwise;

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- (g) The sole proprietor, if the enterprise is a sole proprietorship;
- (h) All beneficial owners of the outstanding voting securities of the enterprise, whether such owners are themselves legal or natural persons; and
- (i) All persons doing business with the licence holder other than the holder of an employment licence.

NOTE: IF THE ENTERPRISE IS LISTED AS OWNER IN (h) ABOVE, THE ENTERPRISE MUST COMPLETE THE BUSINESS ENTITY DISCLOSURE FORM.

For every person or entity noted in sub-items 7(a) to (i) above, please provide the information requested in the following form:

NAME	DATE OF BIRTH	PHYSICAL ADDRESS	TITLE, POSITION, % OF OWNERSHIP OR ASSOCIATION WITH THE ENTERPRISE

10. OUTLINE OF OWNERSHIP

Outline ownership of the corporation/enterprise holding any stock, holding a partnership interest or holding any other ownership interest in applicant, prepare a flowchart which illustrates the fully diluted ownership of the applicant as an attachment labelled **Attachment 10**. List all parent, holding or subsidiary and intermediary companies so that the flowchart reflects the stock / partnership interest as being held by a natural person(s) and not other enterprise(s). If the ultimate parent company is publicly traded and no natural person controls any percentage of the publicly traded stock, indicate this fact in a footnote to the flowchart.

11. FORMER OFFICERS AND DIRECTORS

Furnish the information indicated below for each person not listed in the response above, who held a position as an officer or director of the enterprise over the last ten years.

NAME	DATE OF BIRTH	LAST KNOWN ADDRESS	POSITION HELD, DATE AND REASON FOR LEAVING

SIGNATURE: _____

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Note: Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 11.**

12. REMUNERATION OF OFFICES, DIRECTORS AND PARTNERS

List the total annual remuneration received during the last calendar year, and the amount to be received during the calendar year subsequent thereto, by each director, trustee, officer and /or partner of the enterprise, whether such remuneration is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	POSITION HELD WITH THE ENTERPRISE	AMOUNT OF REMUNERATION

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 12.**

13. BONUSES, PROFIT SHARING, RETIREMENT, DEFFERED REMUNERATION & SIMILAR PROVINCIAL LICENSING AUTHORITIES

As **Attachment 13**, described all existing bonuses, profit sharing, pension, retirement, deferred remuneration and similar plans, or those to be created by the enterprise, which description shall include, but not be limited to:

- (a) Title or name of the plan;
- (b) Identity and address of the trustee of the plan or the person administering such plan;
- (c) Material features of the plan;
- (d) Methods of financing the plan;
- (e) Identity of each class of person who is participating or will participate in the plan;
- (f) Approximate number of persons in each class; and
- (g) Amounts distributed under the plan to each class of persons during the last fiscal year, if the plan was in effect during that time period.

14. INTEREST OF PARTNERS/MEMBERS (PARTNERSHIP/CLOSE CORPORATION)

Describe the interest held by each partner/member in the partnership, whether general or limited:

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- (a) Amount of initial investment, whether in the form of cash, negotiable instruments, property or otherwise:

- (b) Amount of any additional contributions made to the partnership/close corporation:

- (c) Amount and nature of any anticipated future investments:

- (d) Degree of control of each partner/member over the activities of the partnership:

- (e) Percentage of ownership of each partner/member:

- (f) Method of distributing profit to each partner/member:

15. SECURITIES OPTIONS* (CORPORATION)

- (a) Describe in detail any options existing or to be created in respect of securities issued by the corporation, which description shall include, but not be limited to, the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the period, the terms under which options become, entitled to exercise the options, and when such options expired:

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* For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities issued by the corporation.

(b) Identify all persons holding the options described in sub-item (a) above and include the market value of the option at the time of issue:

16. DESCRIPTION OF LONG-TERM DEBT

Describe the nature, terms and conditions of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed by the enterprise, which matures more than one year from the date of issue or which, by their terms, are renewable for a period of more than one year from the date of issue.

Should you require additional space, attach a separate sheet in the same form and label it **Attachment 16**

17. HOLDERS OF LONG-TERM DEBT

Furnish the information indicated in the table below for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the enterprise, which mature more than one year from the date of issue or which, by their terms, are renewable for a period of more than one year from the date of issue.

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	RAND AMOUNT OF DEBT HELD (Both original Amount and Current Balance)

SIGNATURE: _____

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Should any require additional space, attach a separate sheet in the same tabular format and label it **Attachment 17.**

18. OTHER INDEBTEDNESS AND SECURITY DEVICES

Describe the nature, type, terms and conditions of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilised by the enterprise, other than those described above:

19. HOLDERS OF INDEBTNESS

Furnish the information indicated in the table below in respect of each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to item 16.

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	RAND AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

Should you require additional space, attach a separate sheet in the same tabular format and label **Attachment 19.**

20. FINANCIAL INSTITUTIONS

Furnish the information indicated in the table below in respect of each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the enterprise has or had an account over the last ten-year period, regardless of whether such account was held in the name of the enterprise, a nominee of the enterprise or was otherwise under the direct or indirect control of the enterprise.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER	TIME PERIOD ACCOUNT HELD (FROM/TO)

SIGNATURE: _____

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Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 20.**

21. CONTRACTS AND SUPPLIERS

Furnish the information indicated in the table below in respect of all persons with whom the enterprise has contracts or agreements valued at R50 000 or more, or from whom the enterprise has received R50 000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by terms, they exceed one year in duration.

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 21.**

22. STOCK HELD BY ENTERPRISE

Furnish the information indicated in the table below in respect of each company in which the enterprise holds stock:

NAME AND ADDRESS OF COMPANY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	PERCENTAGE OF OWNERSHIP

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 22.**

23. INSIDER TRANSACTIONS (CORPORATION)

Furnish the information indicated in the table below for each change, within the last five (5) years preceding this application, in the beneficial ownership of the equity securities of the corporation on the part of any person who is indirectly or directly a beneficial owner of any class of an equity security of the corporation, or who is, or was, a director or official of the corporation within that period. [include changes resulting

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from (a) gift, (b) purchase (c) sale, (d) exercise of an option to purchase, (e) exercise of an option to sell, (f) or other transaction.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF SECURITIES INVOLVED

Should you require additional space, attach a separate sheet in the same tabular format and label **Attachment 23**.

24. CRIMINAL HISTORY

The next question requests information about any offences the enterprise may have committed or charges brought against it.

Prior to answering this question, carefully review the definitions and instructions below:

“**Charge**” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offence”.

“**Offence**” includes all felonies, crime, disorderly persons’ offences and petty disorderly offences.

Answer “yes” and provide all information to the best of your ability EVEN IF:

- the enterprise did not commit the offence charged;
- the charges or alleged offences to which they related were brought not more than ten years ago.

Has the enterprise, its owners, officers, directors or any of its subsidiaries ever been indicted, charged with or convicted of a criminal or disorderly person’s offence or been party or named as an indicted co-conspirator in any criminal proceeding in the Republic of South Africa or any other jurisdiction?

_____ YES _____ NO

If “Yes”, complete the table below:

NAME OF CASE AND CASE NUMBER	NATURE OF CHARGE OR COMPROVINCIAL LICENSING AUTHORITYINT	DATE OF CHARGE OR COMPROVINCIAL LICENSING AUTHORITYINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

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Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 24**.

25. NON-COMPLIANCE TO GAMBLING LAWS HISTORY

The next question request information of non-compliance the enterprise may have committed or had been charged with. Prior to answering this question, carefully review the definitions and instructions below:

“**Charge**” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any non-compliance.

“**Non-compliance**” includes all failure to comply with any gambling legislation, internal control standards relating to gambling operations and other offences.

Answer “Yes” and provide all information to the best of your ability EVEN IF:

- the enterprise did not commit the non-compliance charged;
- the charge was dismissed;
- the enterprise was not convicted; or
- the charges or offences happened a long time ago.

Has the enterprise, its owners, officers, directors or any of its subsidiaries ever been indicted or charged with any non-compliance?

_____ YES _____ NO

If Yes, complete the table below:

JURISDICTION	NATURE OF NON-COMPLIANCE	DATE OF CHARGE	OUTCOME	DISPOSITION (ACQUITTED, CINVICTED, DISMISSED, ETC)	SENTENCE

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 25**.

26. TRADE REGULATIONS AND SECURITIES JUDGEMENTS

Has the enterprise ever had a judgement, consent or degree of consent order pertaining to a violation or alleged violation of trade regulations or securities laws, or similar laws of any country, entered against it?

_____ YES _____ NO

If yes, provide the information in the following tabular form:

NAME OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGEMENT, DEGREE OR ORDER	DATE ENTERED

SIGNATURE: _____

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Should you require addition space, attach a separate sheet in the same tabular format and label it **Attachment 26.**

27. INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE

(a) Has the enterprise, its parent or any affiliated company had any petition under any provision of any bankruptcy legislation or under any state insolvency law filed by or against it over the last ten years period?

_____ YES _____ NO

If "Yes", provide details:

(b) Has the enterprise, its parent or any affiliated company sought relief under any provision of any bankruptcy legislation or any state insolvency law over the last ten-year period?

_____ YES _____ NO

If "Yes", provide details:

(c) Has any receiver, fiscal agent, trustee, recognition trustee, or similar officer been appointed, over the last ten-year period, by a court for the business or property of the enterprise or its parent, holding, subsidiary and intermediary companies?

(d) _____ YES _____ NO

If "Yes", complete the table below:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON

Should you require additional space, attach a separate sheet in the tabular format and label it **Attachment 27.**

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

28. EXISTING LITIGATION

As **Attachment 28** describe all existing civil litigation to which the enterprise or any parent, holding, subsidiary and intermediary company is currently a part in any jurisdiction. This description shall include the title and case number of the litigation, the name and location of the court where it is pending, the identity of all parties to the litigation, and the general nature of all claims being made.

29. LICENCES

(a) Over the last ten-year period, has the enterprise ever had any licence or certificate issued, denied, suspended or revoked by a government agency, of any jurisdiction?

_____ YES _____ NO

If response to item 29 is in the affirmative, complete the table below.

TYPE OF LICENCE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENT AGENCY	ACTION TAKEN	DATE	REASON

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 29**.

(b) Has the enterprise ever applied, in any jurisdiction, for a licence, permit or other authorisation to participate in lawful gambling operations (including casino gaming, horse racing dog racing, pari-mutual operation, lottery, sports betting, etc)?

_____ YES _____ NO

If the response to sub-item (b) is in the affirmative, complete the table below.

NAME AND ADDRESS OF LICENCING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF LICENCE IF ISSUED, GIVE GAMBLING ACTIVITY LICENCED LICENCE NUMBER AND EXPIERY DATE

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 29(b)**.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008**30. CONTRIBUTION AND DISBURSEMENTS OF ENTERPRISE**

- (a) Over the last ten-year period, has the enterprise, any director, officer, partner, or employee or any third party acting for or on behalf of the enterprise offered any bribes or kickbacks to any employee, company or organisation to obtain favourable treatment?

_____ YES _____ NO

If "Yes", provide details:

- (b) Over the last ten-year period, has the enterprise, any director, office, partner, or employee or any party acting for or on behalf of the enterprise offered any bribes or kickbacks to any government official, domestic or foreign, to obtain favourable treatment?

_____ YES _____ NO

If "Yes", provide details:

- (c) Over the last ten-year period, have enterprise funds or property been donated or loaned for the purpose of opposing or supporting any government (or for any other purpose), political party, candidate or committee, either domestic or foreign?

_____ YES _____ NO

If "Yes", provide details:

- (d) Over the last ten-year period, has the enterprise made/granted any loan, donations or other disbursements to directors, officers, partners, employees or any political organization for the purpose of reimbursing such individuals or party for political contributions either foreign or domestic?

_____ YES _____ NO

If "Yes", provide details:

SIGNATURE: _____

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- (e) Over the last ten-year period, has the enterprise had any direct or indirect relationship, with any political party in this country or anywhere?

_____ YES _____ NO

If "Yes", provide details:

31. FINANCIAL STATEMENTS

As **Attachment 31**, attach copies of audited financial statements for the last 5 years with regards to the enterprise applying for a licence.

If the enterprise is not required to have audited financial statements, attach unaudited financial statements for the last 5 years.

32. ANNUAL REPORTS

Attach, and marked **Attachment 32**, copies of the last 5 annual reports.

33. OTHER REPORTS

Attach, and marked **Attachment 33**, copies of any other reports (quarterly reports, interim reports, etc).

34. ORGANISATIONAL CHART

Attach, and marked **Attachment 34**, a copy an organisational chart of the enterprise which includes position description and the names of persons holding such positions.

35. TAX RETURNS

Attach, and marked **Attachment 35**, a copy of all tax returns (with all supporting documents) for the last 5 years.

36. OTHER DOCUMENTS RELEVANT TO THIS APPLICATION

Should you be applying for a test agent licence, attach documents as contemplated in Section 24 and mark them **Attachment 36**.

SIGNATURE: _____

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AFFIDAVIT

I, _____, hereby acknowledge that I am aware that the Licensing Authority may deny a licence to any applicant that supplies information which is untrue or misleading to a material fact pertaining to the qualification criteria.

I, _____, hereby affirm that the foregoing statements made by me on behalf of _____ are true and correct. I am aware that if any of the foregoing statements made by me are willfully false or misleading, I will be subject to the penalty attendant upon perjury.

Name

Designation (Title or position)

Signature

Date

Subscribe and sworn to before me this _____ day of _____ 2____,

NOTARY

SEAL OF AUTHORITY

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

RELEASE AUTHORISATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions and all government agencies – state, provincial or local, foreign and domestic.

On behalf of _____

I, _____, have authorised the National Gambling Board and _____ to conduct a full investigation in the background of the said enterprise.

Therefore, you are hereby authorised to release all information pertaining to the said enterprise, documentary or otherwise, as requested by any employee or agent of the National Gambling Board and/or _____, provided that he or she certifies to you that the said enterprise has an application pending before the National Gambling Board and/or _____ that the said enterprise is currently a licensee or registrant required to be qualified under the provision of the National Gambling Act 2004, Act No 7 of 2004.

This authorisation shall supersede or countermand any prior authorisation to the contrary.


A Photostat copy of this statement will be considered as effective and valid as the original.

Subscribed and sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

<p align="center">INSTRUCTIONS</p> <p>This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations, 2004</p> <p><i>This form has 37 pages (including this page)</i></p> <p><i>The same form must be completed, where applicable, when applying for renewal of licence.</i></p> <p><i>The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application</i></p> <p align="center">Contacting the National Gambling Board</p> <hr/> <p align="center">National Gambling Board The dti Campus 2nd Floor, Building E, Uuzaji 77 Meintjie St. Sunnyside 0002 Private Bag X27, Hatfield, 0028. Republic of S.A. Tel: (012) 394 3800 Fax: (012) 394 4800 e-mail: info@ngb.org.za website: www.ngb.org.za</p>	<div align="center">  <p>National Gambling Board a member of the dti group</p> <p>FORM NGB 5/1(b)</p> <p>APPLICATION FOR KEY EMPLOYEE LICENCE (PERSONAL HISTORY DISCLOSURE)</p> </div> <hr/> <p>Full Names of Applicant: _____</p> <p>Employer: _____</p> <p>APPLICANT'S SIGNATURE _____</p> <hr/> <p>DATE _____</p>
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This form is prescribed by the Minister of Trade and Industry in terms section 38(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

**All correspondence to be addressed to:
The Chief Executive Officer
Provincial Licensing Authority's Postal Address**

**PLA'S CONTACT DETAILS:
Telephone no:
Fax no:**

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

APPLICATION INSTRUCTIONS

NOTE: This form is to be completed by persons to be employed as key employees by the employer specified on the covering page hereof.

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.
2. Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information required, your application may be rejected.
3. If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided. If there is nothing to disclose about a particular question, write "None" in the space provided. If an alteration is made to an answer, sign in full next to the alteration.
4. All answers on this form, except signatures, must be typed or **neatly printed in black ink**. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. The original completed application form and all the additional required information plus **one copy of all pages, including all supporting documentation**, must be submitted.
6. Each person completing this application form must submit with it a police clearance certificate or the equivalent from his/her country of origin or an original set of fingerprints on form SAP 91A, which is obtainable at any police station, or the equivalent from his/her country of origin.
7. Each person completing this application form must submit with it an income tax clearance certificate or equivalent from his/her country of origin.
8. The original application form must be accompanied with a photograph of the applicant taken **not more than one month** before the submission of this application.
9. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
10. All amounts must be in South African Rands. When converting from a foreign currency to South African Rand or where documents are included which reflect foreign currencies, convert at and quote the current exchange rate with respect to South African Rand as at the **date of the Statement of Assets and Liabilities**.
11. If there is not enough space on the schedules for the financial information, additional information of the applicant, the applicant's spouse or children, such information must be given on additional pages in the same format as those of the relevant schedules pertaining to this application form.
12. All dates must be in the format: **Day / Month / Year**.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008**1. APPLICANT**

Name _____				
First	Middle	Maiden (If applicable)	Surname	
Other names you have used or use, or by which you have been or are known _____				
Date of birth _____ / _____ / _____			Place of birth _____	
I D no _____			Social Security no _____	
Passport no _____			Date of issue _____ / _____ / _____	
Place of issue _____				
(Attach certified true copies of all pages of I D document)				
Details of all legal name changes _____				
Home address _____				
Suburb _____ Postal code _____				
Town/City _____			Country _____	
Telephone no (home) _____ / _____			Fax no _____ / _____	
Cell phone no _____			E-mail address _____	
Current business address _____				
Suburb _____ Postal code _____				
Town/City _____			Country _____	
Telephone no (work) _____ / _____			Fax no _____ / _____	

2. PHOTOGRAPH**Please note:**

1. Your name and address must be printed on the back of the photograph.
2. Photograph must be taken not more than 1 month before submission of this application.
3. Do not paste the photograph onto this form. Please use a stapler.

Date of photograph _____ / _____ / _____

The attached photograph is a true resemblance of:

Name of applicant**(To be certified by a Commissioner of Oaths)****SIGNATURE:** _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

3. CITIZENSHIP

I am:	- a native-born citizen of the Republic of South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	- a naturalised citizen of the Republic of South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	- a foreign national on a visa or work permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	- a foreign national with a permanent residence permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you are a foreign national, provide:

- your passport no _____

- country of issue _____

- date of issue _____ / _____ / _____

- port or place of entry into the Republic of South Africa _____

- date of entry _____ / _____ / _____

(Attach certified true copies of all the pages of your current passport, and ensure that all visa, work permit or permanent residence entries are clearly legible)

4. FAMILY INFORMATION

SPOUSE / COMMON LAW SPOUSE / PARTNER

First name _____ Middle name(s) _____ (Maiden name) _____ Surname _____

Other names used or by which known _____

Street address _____

Town/City _____ Country _____

Date of birth _____ / _____ / _____ Place of birth _____

Date of marriage / Commencement of current relationship _____ / _____ / _____

I D no _____ Social security no _____

Current/last employer _____

Address of employer _____

CHILDREN (Attach additional page with copies of identity documents and set out relationship and employment details, as well as details of all trust of which the child is a beneficiary, where applicable. Also attach additional information if more certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question)

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

5. ACADEMIC INFORMATION

5.1. Complete the table below in respect of each high school, trade school, college, technikon, university or any other tertiary institution you have attended. Begin with the most recent and work backwards.

Date (Yr to Yr)	Name and address of academic institution	Last grade/standard/ term attended	Degree or certificate obtained

(Attach certified copies of all tertiary qualifications obtained)

5.2. Have you ever been suspended or expelled from any academic institution?

Yes

No

If "yes", complete the following table:

Date	Specify whether suspended (and period of suspension) or expelled	Name of academic institution	Reason

6. EMPLOYMENT INFORMATION

Including your present employer, complete the table below in respect of each place where you have been employed. Begin with your present employment and work backwards to the year when you started to work, including periods of non-employment. The employment history, with the non-employment periods, should chronologically follow the academic history.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

Date (Yr to Yr)	Name, address, telephone & fax no of employer	Job description & job title	Name of supervisor	Reasons for leaving

(Attach an employment certificate from your current employer)

7. DISCIPLINARY ACTIONS

Have you been subjected to any disciplinary action in connection with your employment during the last five years?

Yes No

If "Yes", provide details:

8. CIVIL PROCEEDINGS

8.1 Have you or your spouse/partner ever been party to a personal lawsuit?

Yes No

If "Yes", give details in the table below:

Date	Name of court	Case number	Other parties to lawsuit	Nature of lawsuit	Outcome of lawsuit

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

8.2 Have any civil judgments against yourself, spouse or partner ever been abandoned or rescinded?

Yes No

If "Yes", give details below:

8.3 Has a civil judgment ever been noted or taken against you in respect of debt or have you ever been listed by any credit bureau?

Yes No

If "Yes", give details below:

9. PARTY TO ANTICIPATED LAWSUITS

Do you anticipate being a party to a lawsuit or does your spouse or partner or any business entity in which you hold or have held an ownership interest or served as an officer or director anticipate being a party to a lawsuit?

Yes No

If "Yes", provide details below:

10. PREVIOUS LAWSUITS

Have you, your spouse or partner ever been named personally in any lawsuit, involving any business, while serving in the capacity of director, member, officer or manager?

Yes No

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

If "Yes", provide details below:

11. PRIVATE BUSINESS RELATIONSHIPS

List all private business relationships with which you, your spouse or partner is/are involved below:

Dates (Yr to Yr)	Name of own party involved	Name of other party involved	Nature of business relationship

12. CRIMINAL OFFENCES

Have you ever been arrested for, charged with, or convicted of a criminal offence or has any member of your immediate family (as contemplated in Question 4 of this application) ever been so arrested, charged or convicted? Prior to answering this question, carefully study the definitions provided and the instructions given below. **For the purposes of this question:**

"Offence" includes all common law and statutory crimes, misdemeanours and felonies, regardless of their classification, but **excludes** criminal cases in respect of which an admission of guilt fine was payable **WITHOUT** an obligation to appear in Court.

"Charge" includes any indictment, complaint, information, summons or other notice relating to the alleged commission of any offence.

Where the applicant has been charged, as defined above, an answer of **"yes"** must be given and all the relevant information required by this question provided to the best of your ability, even if –

- the applicant did not commit the offence charged;
- the charges or alleged offences to which they related were brought not more than ten years ago.

If the records relating to the charges have been expunged by a court order, answer **"no"** and attach a copy of the expunction order to this application, labeling it **"Attachment to Question 12"**.

Yes No

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

If "Yes", complete the table below:

Date	Name or relationship	Nature of charge or conviction	Name & address of court or agency	Outcome of case & sentence, if applicable

13. INVOLVEMENT IN CRIMINAL PROCEEDINGS

Have you ever been called as a witness in any criminal proceeding or has any member of your immediate family (as contemplated in Question 4 of this application) ever been involved in such criminal proceedings?

Yes

No

If "Yes", complete the table below:

Date	Name or relationship	Name & address of court or agency	Nature of proceedings and involvement

14. PARDONS

Have you ever received a pardon or had a record expunged or sealed in respect of any criminal offence or has any member of your immediate family (as contemplated in Question 4 of this application) ever been so pardoned or had a record so expunged or sealed?

Yes

No

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

If "Yes", complete the table below:

Date	Name	Name & address of Executive authority	Offence for which pardon was received	Reason for pardon

(Attach certified true and legible copy of the pardon or expunction order)

15. INSURANCE

15.1 Have you ever sustained either a personal or business loss in respect of which an insurance payment of more than R100 000 or US\$60 000 or the equivalent thereof was paid to you?

Yes No

If "Yes", provide details below including the name of the insurance company, the insurance broker, the number of the insurance policy and the claim number.

15.2 Have you ever owned property or a business which was damaged or destroyed by fire?

Yes No

If "Yes", provide details below including the name of the insurance company, the insurance broker, the number of the insurance policy and the claim number.

15.3 Have you ever ceded an insurance policy?

Yes No

If "Yes", provide details below, including the policy number, to whom ceded and for what reason.

SIGNATURE: _____

16. GAMBLING LICENCES AND ACTIVITIES

16.1. Provide details below of all current or previous gambling-related licences:

Date of application/ investigation	Name & address, tel. & fax of jurisdiction	Type of licence	Status of application or licence	Licence number

16.2 Provide details below of all gambling licence applications currently pending:

Date of application/ investigation	Name & address, tel. & fax of jurisdiction	Type of licence applied for	Anticipated date of decision	Status of application/ investigation

16.3 Provide details below of any business in which you have a financial interest of any kind and which is making application to be licensed or is licensed by the Provincial Licensing Authority.

Name and address of business entity	Nature of your interest/investment	Amount of your interest/investment	% ownership in the business entity

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

16.4 Provide details below in respect of each person or business entity which has provided finance or anything else of value to assist you or your business entity in financing the investment(s) or interest(s) identified in question 17.3

Name & address of person / entity	Relationship with applicant	Nature of finance	Amount of finance	Terms of the advance

16.5 Will you be actively involved in the management or operation of the above entity(ies) currently licensed or to be licensed?

Yes No

If "Yes", describe the extent and nature of your potential involvement:

16.6 Do you hold or have you ever held a financial or an ownership interest in any gambling venture, whether licensed or unlicensed?

Yes No

If "Yes", describe below every such interest:

17. TAX INFORMATION

17.1. Have you filed your income tax returns for the **three** years directly preceding the date of this application?

Yes No

If "Yes", attach **certified true and legible copies** of all the pages and supporting schedules of your tax returns covering those **three** years as well as the corresponding **tax assessments and attachments or tax clearance certificates** or the equivalent from the country of origin.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

A **foreign** tax return and assessment not in English, must be accompanied by a **certified English translation**.

Tax reference no _____	Tax authority location _____
------------------------	------------------------------

If “No”, give an explanation below and provide **personal income statements and balance sheets** for those **three years**.

17.2 Have you ever, in the last three years, been granted an **extension** for rendering a tax return?

Yes No

If “Yes”, state the reasons below for the extension granted.

17.3 Have you ever, in the last three years, been delinquent in submitting any tax returns or paying any financial obligations to **any tax authority**?

Yes No

If “Yes”, state reasons below for not submitting your tax returns or the unpaid amount and the tax authority involved.

18. ATTACHMENTS

Have your wages, salary, earnings or other income ever been garnished or attached or any similar action taken during the last five years?

Yes No

If “Yes”, complete the table below:

Date filed	Case number	Name & address of court	Nature & amount of order	Name & address of creditor

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

19. BANKRUPTCY/INSOLVENCY

Have you ever been declared legally insolvent or bankrupt or have you ever filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes

No

If "Yes", complete the table below and provide a **certified true and legible copy of the court order.**

Date filed	Case number	Name & address of court	Name & address of filing party	Name, address & tel. no of trustee

If rehabilitated, provide details and a **certified true and legible copy of the rehabilitation order.**

20. FAILED BUSINESSES

Provide details below of any failed or abandoned businesses in respect of which you were the owner or the controlling shareholder or where you had a financial interest of more than 25%.

21. DIRECTORSHIPS

List all directorships currently or previously held:

Date (Yr to Yr)	Name of company	Registered address of company	Income tax reference no of co.	Type of directorship held

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

22. FOREIGN ASSETS

Do you own or control any assets or liabilities outside your country of residence?

Yes No

If "Yes", provide details below as well as in the schedules provided with the Statement of Assets and Liabilities.

23. CONTROL OF ASSETS

Do you control, manage or hold in **trust** any assets or liabilities for any other person or entity?

Yes No

If "Yes", provide details below and provide a **certified true and legible copy of all trust deeds** as well as the latest **audited financial statements** of all such trusts. State whether you are a **donor, trustee or beneficiary** of any trust.

24. BANK ACCOUNTS

Have you or your spouse opened or closed any bank account which was issued in your name, your spouse's name or in the name of any entity which you or your spouse controlled, during the **five** years preceding the date of this application?

Yes _____ No _____

If "Yes", provide details below:

Date opened/closed	Bank & branch where account was opened/closed	Name & no. of account	Balance of account as at	If closed, reason for closing & the destination of the proceeds

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

Provide copies the statements of every bank account held in your or your spouse's name for the past three months.

25. MONTHLY INCOME & EXPENDITURE STATEMENT

Provide details below of your **average monthly** income and expenditure based on the average for the **three** months preceding the date of this application. All amounts must be in **South African Rand**. Indicate the applicable **exchange rate and date** when a foreign currency is converted to South African Rand.

INCOME	APPLICANT	SPOUSE	TOTAL
Salary (net) / Drawings			
Fees (Directors / consultancy)			
Rental received			
Interest			
Dividends			
Repayments of loans			
Other income (specify)			
TOTAL INCOME (A)			
EXPENDITURE	APPLICANT	SPOUSE	TOTAL
Alimony (if applicable)			
Bond repayment/rental of house			
Clothes			
Credit card accounts			
Electricity & water			
Entertainment			
Food and liquor			
Insurance premiums / savings			
Maintenance of property			
Medical expenses paid self			
Motor vehicle running expenses			
Repayment of borrowings			
Telephone			
Travelling			
Other expenses (specify)			
TOTAL EXPENDITURE (B)			
NET INCOME / (DEFICIT) (A - B)			

26. STATEMENT OF ASSETS AND LIABILITIES

DATE OF STATEMENT _____ / _____ / _____

List the values of all assets, both tangible and intangible, in the appropriate spaces below. Enter only Rand amounts as on the date of this statement. The statement date must be as recent as possible, but within the preceding **three** months of the date of this application.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

Each listed asset must be described fully in the appropriate attached schedule. Provide either current actual values or current market values as appropriate.

ALL AMOUNTS MUST BE IN SOUTH AFRICAN RANDS. INDICATE THE APPLICABLE EXCHANGE RATE AND DATE WHEN FOREIGN CURRENCIES ARE CONVERTED TO SOUTH AFRICAN RAND.

27. COMPLETE SCHEDULES A TO P OF THIS FORM.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

SCHEDULE A
ACCOUNTS / MONIES RECEIVABLE / TAX OVERPAID

Name & address of debtor	Date incurred	Original amount	Unpaid balance	Payment period	Monthly repayments	Maturity date	Origin of debtor account	Collateral held for debt
APPLICANT:								
SPOUSE:								

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE B
BANK ACCOUNTS**

Name & address of financial institution	Name(s) of person(s) appearing on account	Account no	Type of account	Date opened	Interest rate (%)	Interest received	Interest paid	Credit balance* as at.....	Debit balance* as at.....
APPLICANT:									
SPOUSE	MINOR CHILDREN:								

* REFLECT EITHER A CREDIT OR A DEBIT BALANCE AS AT THE DATE OF THE APPLICATION.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE C
CREDIT CARD ACCOUNTS**

Name of credit card (Visa etc)	Name of financial institution	Name appearing on card	Account number	Expiry date	Type of card (credit, petrol)	Credit balance* as at.....	Debit balance* as at.....
APPLICANT:							
SPOUSE:							

* REFLECT EITHER A CREDIT OR A DEBIT BALANCE AS AT THE DATE OF THE APPLICATION.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE D
PERSONAL AND HOUSEHOLD EFFECTS**

Other assets	Purchase price	Date of purchase	Current market value (not insurance values)	Other information pertaining to these assets
APPLICANT:				
SPOUSE:				

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE E
LISTED INVESTMENTS (SHARES AND BONDS/STOCKS)**

Name of issuer	Type	No of shares or bonds/stocks	Purchase price of each	Date of purchase	Name in which registered	Current market value
APPLICANT:						
SPOUSE	MINOR CHILDREN:					

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE F
NON – LISTED INVESTMENTS**

Name of entity	Type (co., cc, partners etc)	No of ownership units	Percentage ownership	Purchase price	Date of purchase	Name in which registered	Persons / entity sharing ownership	Current market value
APPLICANT								
SPOUSE	MINOR CHILDREN							

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE G
PROPERTY**

Street address	Erf no. or title deed	Purchase price + improvement cost	Date of purchase	Name(s) of registered owner(s)	Percentage ownership each	Current market value	If let, state monthly income
APPLICANT:							
SPOUSE:							

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE H
INSURANCE POLICIES**

Name of policy holder	No. of insurance policy	Type of policy (life, annuity etc)	Insurance company	Beneficiary (ies) of policy	Estimated maturity value	Current value of policy	Loan/surrender value of policy
APPLICANT:							
SPOUSE:							

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE I
UNIT TRUSTS**

Name of unit trust	Type of unit trust	Account number	Name of the management co.	Name of linked product co. if involved	No of units held	Original purchase price	Current selling price
APPLICANT:							
SPOUSE	MINOR CHILDREN:						

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE K
BONDS/MORTGAGES PAYABLE**

Name & address of bondholder	Identification of property involved	Date incurred	Original amount	Current interest rate	Monthly repayments	Unpaid balance	Maturity date	Any other collateral provided
APPLICANT:								
SPOUSE:								

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE L
HIRE PURCHASE ACCOUNTS PAYABLE**

Name & address of HP creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Description of asset acquired with HP	Other collateral provided for HP
APPLICANT:								
SPOUSE:								

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE M
LOANS PAYABLE (SECURED & UNSECURED)**

Name & address of creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Reason(s) for borrowings	Collateral provided for loan (\$)
APPLICANT:								
SPOUSE:								

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE N
OTHER LIABILITIES PAYABLE**

Name & address of creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Reason(s) for incurring these liabilities	Collateral (if any) provided for liabilities
APPLICANT:								
SPOUSE:								

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**SCHEDULE P
CONTINGENT LIABILITIES**

Name & address of creditor	Date incurred	Description of principal debt	Original debt	Unpaid balance of debt	Maturity date	Monthly payments	Reason for providing security	Other collateral	Other persons liable
APPLICANT:									
SPOUSE:									

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

AFFIDAVIT

I, _____,

(Full names)

hereby:

- (a) declare that I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the National Gambling Act 2004, Act No 7 of 2004 and the Provincial Licensing Authority's legislation;
- (b) declare that I am the person identified in this form;
- (c) declare that I have personally completed this form and have supplied all the information indicated herein; and
- (d) certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

Signed at _____ on this _____ day of _____ 19_____

(Signature)

To be signed and certified as true and correct in the presence of a Commissioner of Oaths

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

AUTHORISATION

TO: All courts, probation departments, employers, educational institutions, banks, financial and other institutions, the Receiver of Revenue, credit bureaux, law agencies, all agencies and institutions without exception, both domestic and foreign, and to whomsoever else this authorisation may duly be presented.

FROM: _____
(Surname) (First names)

(Address)

Date of birth: _____ / _____ / _____ Telephone _____ / _____

I D no. _____ Passport no. _____

Signature _____

I HEREBY AUTHORISE the Chief Executive Officer of the National Gambling Board and the Provincial Licensing Authority, or any authorised delegate of either authority, to have access to, in order to inspect and to obtain copies of:

- (a) any credit report, financial report, tax report, value added tax report, employee's tax records and all other entities in which I have a financial or personal interest, or legal or personal information derived from those reports or any other report which has any bearing on my creditworthiness, credit history, credit standing or credit capacity;
- (b) any loan information, cheque account records, saving deposit records, safety deposit box records, savings book records, bank statements and credit card statements pertaining to me;

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

- (c) any records relating to any investigations into my activities conducted by any police force, crime investigation agencies, corporate regulatory agencies or any gambling or casino regulatory bodies;
- (d) any court records relating to any present, past or pending civil or criminal court proceedings to which I am or was a party;
- (e) any current and past employment records or correspondence relating to me; and
- (f) any other document, record or correspondence pertaining to me.

You are **HEREBY AUTHORISED** to release to the Chief Executive Officer of the National Gambling Board and Provincial Licensing Authority, or an authorised delegate of either authority, all the documents, reports and information requested by any of them.

This **AUTHORISATION** supersedes and countermands any prior request or authorisation to the contrary.

A photocopy of this **AUTHORISATION** will be considered to be as effective and as valid as the original.

To be signed in the presence of and certified by a Commissioner of Oaths

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

ACCESS TO TAX RECORDS

I, _____,

(Full names)

the undersigned, am aware that the confidentiality of income tax returns is protected by law. I therefore undertake, upon request by the National Gambling Board and Provincial Licensing Authority ("Authority"), to procure from the Receiver of Revenue or any similar tax authority wherever located, which has in its custody or possession any records pertaining to my tax returns, such of those records as may be requested by the Authority and to place the Authority in possession thereof for the purposes of consideration of this application.

Signed at _____ on this _____ day of _____
2_____.

(Signature)**To be signed in the presence of and certified by a Commissioner of Oaths.**

SIGNATURE: _____