

<p align="center"><b>INSTRUCTIONS</b></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 13 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"><b>Contacting the National Gambling Board</b></p> <hr/> <p>National Gambling Board The dti Campus 2<sup>nd</sup> 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: <a href="mailto:info@ngb.org.za">info@ngb.org.za</a> website: <a href="http://www.ngb.org.za">www.ngb.org.za</a></p>	<div align="center">  <p><b>National Gambling Board</b> a member of the dti group</p> <p><b>FORM NGB 5/1(c)</b></p> <p><b>APPLICATION FOR OTHER EMPLOYEE LICENCE (PERSONAL HISTORY DISCLOSURE)</b></p> </div> <hr/> <p>Full Names of Applicant: _____</p> <p>Employer: _____</p> <p><b>APPLICANT'S SIGNATURE</b> _____</p> <hr/> <p><b>DATE</b></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:** \_\_\_\_\_

**APPLICATION INSTRUCTIONS**

**NOTE: This form is to be completed by persons to be employed other than 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 form.
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**.

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**SIGNATURE:** \_\_\_\_\_

**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)****PERSONAL DECLARATION****Note: For purposes of this appendix "partner" shall mean the declarant's spouse or any other person with whom the declarant is living as a couple****A. PERSONAL INFORMATION**

<b>1</b>	Title and Surname	
<b>2</b>	Maiden name (where applicable)	
<b>3</b>	First names	
<b>4</b>	Aliases, nicknames, other name changes, legal or otherwise, you have used or by which you are or have been known:	
<b>5(a)</b>	SA identity number (where applicable or similar identity document)	
<b>(b)</b>	Foreign identity number / Passport number (where applicable)	
<b>6</b>	Present residential address	Present business address

**SIGNATURE:** \_\_\_\_\_

7	Date of birth	Place of birth (City, province and country)
8	Occupation	
9	Business Telephone	Home Telephone
	Fax Number	Mobile number
10	Physical description	
11	Height	Weight
12	Country / countries of which you are a citizen	
13	Details of changes of nationality (where applicable)	
14	Marital status	Date and Place of marriage
15	Full names of partner	Partner's maiden name (where applicable)
16	Date and Place of birth of partner	Partner's occupation
17	Is your partner involved in any gambling operations	
18	Name and address of partner's employer	
19	Name and address of previous partner(s): <i>(If space is insufficient, supply information on attachment page)</i>	
	Current full names	Maiden surname (where applicable)
	Current address	

**SIGNATURE:** \_\_\_\_\_

<b>20</b>	Full names of father		Date of birth	
	Occupation			
<b>21</b>	Full names of mother		Date of birth	
	Occupation			
<b>22</b>	Details of brothers and sisters, including half/step brothers and sisters:			
	Full Names	Relationship	Date of Birth	Occupation
<b>23</b>	Details of children, including step or adopted children:			
	Full Name	Relationship	Date of Birth	Occupation
<b>24</b>	Are you or any of your children and stepchildren beneficiaries of any trust If so, give details on a separate attachment page			
<b>25</b>	Educational details:			
	Highest level of education attained and Year completed			
	Name of last educational institution attended			
	Professional qualifications			
<b>26</b>	Passport information <i>(to be completed by or on behalf of Declarant's partner also)</i>			
		Passport 1	Passport 2	

SIGNATURE: \_\_\_\_\_



Job Title	Description of duties	Contact person

(b)

Month and year (From - To)	Name and postal address of employer/business	Reason for leaving
Job Title	Description of duties	Contact person

(c)

Month and year (From - To)	Name and postal address of employer/business	Reason for leaving
Job Title	Description of duties	Contact person

If additional space is needed, use an attachment page.

SIGNATURE: \_\_\_\_\_

<b>30</b>	
<b>(a)</b>	Have you ever been suspended/asked to resign or dismissed in any employment? If yes, provide details below:
<b>(b)</b>	List all companies, partnerships, joint ventures or any business with which you have been associated and actively participated in the management or operation thereof as a director, partner or other capacity during the last 20 years. <i>(If space is insufficient, use an attachment page)</i>
<b>(c)</b>	Have any of the businesses in which you have been employed or associated with listed in (a) or (b) ever been involved in any gambling or amusement related activities? <i>(If space is insufficient, use an attachment page)</i>
<b>31</b>	<b>Personal references</b>
	Nominate three persons who are not related to you and who have known you for a period preferably during the last five years. Referees may be asked to appraise your character and reputation.
<b>(a)</b>	Surname
	First names
	Address
	Occupation
	Telephone Number

**SIGNATURE:** \_\_\_\_\_



	Years known	
(b)	Surname	
	First names	
	Address	
	Occupation	
	Telephone Numbers	
	Years known	
(c)	Surname	
	First names	
	Address	
	Occupation	
	Telephone Numbers	
	Years known	
<b>32</b>	<b>Professional / Ethical history</b> <i>(to be completed by or on behalf of Declarant's partner also)</i>	
(a)	List present and past membership (within the past five years) of professional bodies.	
<b>Body</b>		<b>Period</b>

SIGNATURE: \_\_\_\_\_

<b>(b)</b>	Have you ever been directly involved in the management of any company that has been placed in liquidation, judicial management, a scheme of arrangement or any other formal administration? (Include any pending arrangements) <i>(If insufficient space, use attachment page)</i>		
	If "yes", provide details:		
<b>(c)</b>	Have you ever been disqualified from acting as a director of a company under any provision of current or previous South African or overseas legislation?		
	If "yes", provide details:		
<b>(d)</b>	Are you under investigation by any government authority?		
	If "yes", provide details:		
<b>(e)</b>	Are you associated with a company that is currently under investigation by any government authority?		
	If "yes", complete the following:		
<b>33(a)</b>	<b>Credit History:</b>		
<b>Creditor</b>	<b>Total amount owing R</b>	<b>Total amount in default R</b>	<b>Number of days overdue</b>

SIGNATURE: \_\_\_\_\_

<b>(b)</b>	Is any person, including any company, in respect of whom you have given a guarantee, in default of any such agreement?		
	If "yes", please give details:		
<b>(c)</b>	Have you ever been refused credit or been the subject of an adverse credit rating report to your knowledge?		
	If "yes", please give details:		
<b>34</b>	Are you; your spouse or any member of your family, or have any of the aforementioned been, during the preceding twelve months:		
<b>(a)</b>	a member of Parliament or any provincial legislature or local authority, or any council, commission or house of traditional leaders established in terms of the Constitution?		
<b>(b)</b>	an office-bearer or employee of any party, movement, organisation or body of a party political nature?		
	If "yes" to any of the above, provide full particulars.		
<b>35</b>	Are you now, or have you ever been, subject to an order of a competent court declaring you to be mentally ill or disordered?		
	If "yes", provide full particulars.		

**SIGNATURE:** \_\_\_\_\_

<b>36</b>	<b>Financial information:</b> <i>(to be completed by or on behalf of Declarant's partner also)</i>	
<b>(a)</b>	Have you ever been declared insolvent or placed under any administration order?	
	If "yes", provide details:	
<b>(b)</b>	Do you control, manage or hold in trust for another person, any assets or liabilities?	
	If "yes", provide details:	
<b>(c)</b>	Income tax reference number and date of registration	
	VAT reference number and date of registration	
	Revenue office where registered	
	<b>Attach tax clearance certificate</b>	
<b>(d)</b>	Has your income tax return or assessment been audited or adjusted within the past five years, and what is your standing with the SARS?	
	If "yes", provide details:	
<b>(e)</b>	Amount invested/to be invested in the applicant business and the percentage of ownership this will represent:	

SIGNATURE: \_\_\_\_\_

(f)	Has your interest in the applicant business been assigned, pledged or sold to any person or organisation, or will any agreement be entered into whereby your interest is or may be assigned, pledged or sold either in part or whole?	
	If "yes", provide full particulars	

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

**37. COMPLETE SCHEDULES A TO P IN FORM NGB 5/1(b)**

**38. COMPLETE PAGES 34 TO 37 OF FORM NGB 5/1(b)**

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**SIGNATURE:** \_\_\_\_\_

<p><b>INSTRUCTIONS</b></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 06 pages (including this page)</i></p> <p><i>The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application.</i></p> <p>Contacting the National Gambling Board</p> <hr/> <p>National Gambling Board The dti Campus 2<sup>nd</sup> 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: <a href="mailto:info@ngb.org.za">info@ngb.org.za</a> website: <a href="http://www.ngb.org.za">www.ngb.org.za</a></p>	<div data-bbox="815 264 1086 501" data-label="Image"></div> <p><b>FORM NGB 5/1(d)</b></p> <p><b>APPLICATION FOR RENEWAL OF BUSINESS ENTITY LICENCE</b></p> <p>Full Names of Applicant _____</p> <p><b>SIGNATURE OF AUTHORISED REPRESENTATIVE</b> _____</p> <p><b>DATE</b> _____</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:** \_\_\_\_\_

## 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 applicant or a person designated 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. **This application form may only be used to renew a licence for two consecutive years. Form NGB 5/1(a) shall be used for renewal after every three years.**
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**.

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**SIGNATURE:** \_\_\_\_\_

**RENEWAL INFORMATION**

**1. DETAILS OF ENTERPRISE**

NAME OF ENTERPRISE\*

\* Name as appears on the certificate of incorporation or as reflected on the official of incorporation thereof, partnership agreement, other official document etc. 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
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MAILING ADDRESS (IF DIFFERENT)	CITY	PROVINCE	POSTAL CODE
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The address from which the enterprise is or will be conducting any business as part of an agreement with a licensee.

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

**SIGNATURE:** \_\_\_\_\_



TAX STATUS OF APPLICANT

TAX REFERENCE NO:  (Please attach certified copy of a valid tax clearance certificate to this form)
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**2. DURING THE PAST 12 MONTHS, HAS THE APPLICANT, OR ANY PERSON HOLDING AN INTEREST IN THE APPLICANT, BECOME DISQUALIFIED FROM HOLDING THIS LICENCE, AS CONTEMPLATED IN SECTION 50 OF THE ACT?**

YES                       NO

**3. IF THE ANSWER TO THE ABOVE QUESTION IS IN THE AFFIRMATIVE, PLEASE GIVE DETAILS OF ANY DECISION TAKEN BY THE RELEVANT PROVINCIAL LICENSING AUTHORITY IN TERMS OF SECTION 51 OF THE ACT.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. HAS THE APPLICANT OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS OR SUBSIDIARIES BEEN INDICTED OR CHARGED WITH ANY CRIMINAL OFFENCE, EXCLUDING TRAFFIC OFFENCES, DURING THE PAST TWELVE (12) MONTHS?**

YES                       NO

If Yes, complete the table below:

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

**SIGNATURE:** \_\_\_\_\_

**5. HAS THE APPLICANT OR ANY OF ITS SUBSIDIARIES BEEN A PARTY TO A LAWSUIT DURING THE PAST TWELVE (12) MONTHS?**

YES  NO

If Yes, provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	DETAILS OF THE PARTIES	NATURE OF THE CLAIM	QUANTUM OF THE CASE	CURRENT STATUS OF THE CASE

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**SIGNATURE:** \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_

*(Full names)*

Hereby-

(a) declare that –

- (i) 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, Act 7 of 2004;
- (ii) I am the person identified in this form and have been duly authorised by the Applicant to provide all the information contained herein, and
- (iii) I have personally completed this form and have supplied all the information indicated herein, and

(b) 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.

**SIGNATURE OF DEPONENT**

I certify that:

The Deponent has acknowledged that:

- (i) He/She knows and understands the contents of this declaration:
- (ii) He/She has no objection to taking the prescribed oath, and
- (iii) He/She considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn to before me at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_

**COMMISSIONER OF OATHS**

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

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

<p><b>INSTRUCTIONS</b></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 06 pages (including this page)</i></p> <p><i>The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application.</i></p> <hr/> <p>Contacting the National Gambling Board</p> <hr/> <p>National Gambling Board The dti Campus 2<sup>nd</sup> 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: <a href="mailto:info@ngb.org.za">info@ngb.org.za</a> website: <a href="http://www.ngb.org.za">www.ngb.org.za</a></p>	<div data-bbox="758 293 1029 528" data-label="Image"></div> <p><b>FORM NGB 5/1(e)</b></p> <p><b>APPLICATION FOR RENEWAL OF EMPLOYMENT LICENCE</b></p> <hr/> <p>Full Names of Applicant _____</p> <p>Employer: _____</p> <p><b>APPLICANT'S SIGNATURE</b> _____</p> <hr/> <p><b>DATE</b></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:** \_\_\_\_\_

## 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 and documents 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 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. **This application form may only be used to renew a licence for two consecutive years. Form NGB 5/1(a) shall be used for renewal after every three years.**
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**.

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SIGNATURE: \_\_\_\_\_



3. DURING THE PAST 12 MONTHS, HAVE YOU BECOME DISQUALIFIED FROM HOLDING THIS LICENCE IN TERMS OF SECTION 49 OF THE ACT?

YES  NO

4. HAVE YOU BEEN INDICTED OR CHARGED WITH ANY CRIMINAL OFFENCES, EXCLUDING TRAFFICS OFFENCES, DURING THE PAST TWELVE (12) MONTHS?

YES  NO

If Yes, complete the table below:

JURISDICTION	NATURE OF NON-COMPLIANCE	DATE OF CHARGE	OUTCOME	DISPOSITION (AQUITTED, CONVICTED, DISMISSED ETC.)	SENTENCE

5. HAVE YOU BEEN A PARTY TO A LAWSUIT DURING THE PAST TWELVE (12) MONTHS?

YES  NO

If Yes, provide details

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	DETAIL OF THE PARTIES	NATURE OF CLAIM	QUANTUM OF THE CLAIM	CURRENT STATUS OF THE CASE

SIGNATURE: \_\_\_\_\_

**6. TAX STATUS OF APPLICANT**

TAX REFERENCE NO:

(Please attach certified copy of a valid tax clearance certificate to this form)

**7. HAVE ANY CIVIL JUDGEMENT BEEN TAKEN AGAINST YOU DURING THE PAST TWELVE (12) MONTHS?**

YES  NO

If Yes, provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	DETAIL OF THE PARTIES	NATURE OF CLAIM	QUANTUM OF THE CLAIM	CURRENT STATUS OF THE CASE

**8. HAVE ANY DISCIPLINARY PROCEEDINGS INSTITUTED AGAINST YOU BY YOUR EMPLOYER DURING THE PAST TWELVE (12) MONTHS?**

YES  NO

If Yes, provide details:

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**SIGNATURE:** \_\_\_\_\_



**AFFIDAVIT**

I, \_\_\_\_\_  
(Full names)

Hereby -

(a) Declare that -

(i) 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, Act 7 of 2004;

(ii) I am the person identified in this form, and

(iii) I have personally completed this form and have supplied all the information indicated herein, and

(b) 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.

---

**SIGNATURE OF DEPONENT**

I certify that:

The Deponent has acknowledged that:

- (i) He/she knows and understands the contents of this declaration:
- (ii) He/she has no objection to taking the prescribed oath, and
- (iii) He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn to before me at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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**COMMISSIONER OF OATHS**

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

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**SIGNATURE:** \_\_\_\_\_

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**INSTRUCTIONS**

This form is prescribed for use in terms of regulation 20(2) of the National Gambling Regulations, 2004

*A licence may be issued subject to compliance with section 42(4)(a)*

*This form shall be applicable for notification of issuance of national licence for both corporate entities as contemplated in form NGB 5/1(a) and employees as contemplated in forms NGB 5/1(b) and (c)*

*Notification to be faxed to National Gambling Board and Provincial Licensing Authorities*

Contacting the National Gambling Board

National Gambling Board  
 The dti Campus  
 2<sup>nd</sup> Floor, Building E, Uzajai  
 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](mailto:info@ngb.org.za)  
 website: [www.ngb.org.za](http://www.ngb.org.za)



**National Gambling Board**

a member of the dti group

**FORM NGB 5/2**

**NOTICE BY PROVINCIAL LICENSING AUTHORITY OF INTENTION TO ISSUE A NATIONAL LICENCE (CORPORATE ENTITY / EMPLOYEE)**

1. To: \_\_\_\_\_
2. Name of Entity/Name of Employee: \_\_\_\_\_
3. Trading Name (where applicable): \_\_\_\_\_  
\_\_\_\_\_
4. Physical Address: \_\_\_\_\_  
\_\_\_\_\_
5. Licence applied for: \_\_\_\_\_  
\_\_\_\_\_
6. Jurisdiction where application was made: \_\_\_\_\_
7. Date of Application \_\_\_\_\_

**NAME OF NOTIFYING OFFICIAL** \_\_\_\_\_


**DESIGNATION** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_


This form is prescribed by the Minister of Trade and Industry in terms section 40(2)(b) of the National Gambling Act, 2004 (Act No. 7 of 2004)

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

<p><b>INSTRUCTIONS</b></p> <p>This form is prescribed for use in terms of regulation 22(1) of the National Gambling Regulations, 2004</p> <p><i>The form shall be applicable to all applications for national licences.</i></p> <p><b>Contacting the National Gambling Board</b></p> <p>National Gambling Board                  The dti Campus                  2<sup>nd</sup> 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: <a href="mailto:info@ngb.org.za">info@ngb.org.za</a>                  website: <a href="http://www.ngb.org.za">www.ngb.org.za</a></p>	 <p><b>National Gambling Board</b>                  a member of the dti group</p> <p><b>FORM NGB 6/1</b></p> <p><b>NOTICE OF INTENT TO EVALUATE PROPOSED NATIONAL LICENCE</b></p> <p>1. To: _____</p> <p>2. Name of Entity: _____</p> <p>3. Trading Name: _____</p> <p>4. Physical Address: _____</p> <p>5. Licence applied for: _____</p> <p>6. Jurisdiction Application made: _____</p> <p>7. Date of Application _____</p> <p><b>CHIEF EXECUTIVE OFFICER: NATIONAL GAMBLING BOARD</b></p> <p><b>SIGNATURE</b> _____</p> <p><b>DATE</b> _____</p>
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This form is prescribed by the Minister of Trade and Industry in terms section 42(2) of the National Gambling Act, 2004 (Act No. 7 of 2004)

*NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008*

<p><b>INSTRUCTIONS</b></p> <p>This form is prescribed for use in terms of regulation 22(2) of the National Gambling Regulations, 2004</p> <p>Contacting the National Gambling Board</p> <hr/> <p>National Gambling Board                  The dti Campus                  2<sup>nd</sup> 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: <a href="mailto:info@ngb.org.za">info@ngb.org.za</a>                  website: <a href="http://www.ngb.org.za">www.ngb.org.za</a></p>	 <p><b>National Gambling Board</b>                  a member of the dti group</p> <p><b>FORM NGB 6/2</b></p> <p><b>OUTCOME OF EVALUATION OF PROPOSED NATIONAL LICENCE</b></p>
	<p>1. To: _____</p> <p>2. Name of Entity/Employee: _____</p> <p>3. Trading Name (where applicable): _____</p> <p>4. ID No. (where applicable): _____</p> <p>5. Employer (where applicable): _____</p> <p>6. Physical Address: _____</p> <p>7. Licence applied for: _____</p> <p>8. Jurisdiction where application made: _____</p> <p>9. Date of Application: _____</p> <p>10. Outcome of Oversight Evaluation: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>CHIEF EXECUTIVE OFFICER: NATIONAL GAMBLING BOARD</b></p> <p><b>SIGNATURE</b> _____</p> <p><b>DATE</b> _____</p>

This form is prescribed by the Minister of Trade and Industry in terms section 42(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**INSTRUCTIONS**

This form is prescribed for use in regulation 25 of the National Gambling Regulations, 2004

*Attach Probity Reports and any other applicable information.*

*Notification to be faxed to National Gambling Board and Provincial Licensing Authorities*

**Contacting the National Gambling Board**

National Gambling Board  
The dti Campus  
2<sup>nd</sup> 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](mailto:info@ngb.org.za)  
website: [www.ngb.org.za](http://www.ngb.org.za)



**National Gambling Board**

a member of the dti group

**FORM NGB 7/1**

**NATIONAL PROBITY REGISTER FORM  
(CORPORATE ENTITY)**

1. To: \_\_\_\_\_

2. Name of Entity: \_\_\_\_\_

3. Former Names: \_\_\_\_\_

4. Entity Registration No: \_\_\_\_\_

5. V.A.T Registration No: \_\_\_\_\_

6. Director's Names: (a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

7. Physical Address of the Entity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Registration Status: \_\_\_\_\_

9. Licence applied for: \_\_\_\_\_

10. Application Status (*Approved or rejected*): \_\_\_\_\_

a. If approved, Reasons for Approval: \_\_\_\_\_

b. If rejected, Reasons for Rejection: \_\_\_\_\_  
\_\_\_\_\_

11. Jurisdiction where application made: \_\_\_\_\_

12. Date of Application: \_\_\_\_\_

13. Any other information deemed necessary to be included, including detail of transferee, where applicable:  
\_\_\_\_\_  
\_\_\_\_\_


**NAME OF NOTIFYING OFFICIAL** \_\_\_\_\_

**DESIGNATION** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

This form is prescribed by the Minister of Trade and Industry in terms section 57(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

**NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008**

<p align="center"><b>INSTRUCTIONS</b></p> <p>This form is prescribed for use in regulation 25 of the National Gambling Regulations, 2004</p> <p><i>Attach Probity Reports and any other applicable information.</i></p> <p><i>Notification to be faxed to National Gambling Board and Provincial Licensing Authorities</i></p>  <p align="center">Contacting the National Gambling Board</p> <hr/> <p>National Gambling Board The dti Campus 2<sup>nd</sup> 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: <a href="mailto:info@ngb.org.za">info@ngb.org.za</a> website: <a href="http://www.ngb.org.za">www.ngb.org.za</a></p>	 <p><b>National Gambling Board</b> a member of the dti group</p> <p><b>FORM NGB 7/2</b></p> <p><b>NATIONAL PROBITY REGISTER FORM (EMPLOYEES)</b></p> <p>1. To: _____</p> <p>2. Name of Employee: _____</p> <p>3. ID No: _____</p> <p>4. Income Tax No. (where applicable): _____</p> <p>5. Physical Address: _____ _____</p> <p>6. Employer Name and Address: _____ _____ _____</p> <p>7. Licence applied for: _____</p> <p>8. Application Status (<i>Approved or rejected</i>): _____</p> <p style="padding-left: 20px;">a. If approved, Reasons for Approval: _____</p> <p style="padding-left: 20px;">b. If rejected, Reasons for Rejection: _____</p> <p>9. Jurisdiction where application made: _____</p> <p>10. Date of Application: _____</p> <p>11. Any other information deemed necessary to be included: _____ _____</p> <p><b>NAME OF NOTIFYING OFFICIAL</b> _____</p> <p><b>DESIGNATION</b> _____</p> <p><b>SIGNATURE</b> _____ <b>DATE</b> _____</p>
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This form is prescribed by the Minister of Trade and Industry in terms section 57(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

## ATTENTION

Please take note that the  
Publications Division  
of the Government  
Printing Works will  
be closed on the 22<sup>nd</sup>  
and 23<sup>rd</sup> November  
2004 for stocktaking  
purposes

Thank you













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