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## GOVERNMENT NOTICE

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### DEPARTMENT OF TRADE AND INDUSTRY

No. R. 1342

12 November 2004

## NATIONAL GAMBLING REGULATIONS

In terms of section 87 read with Item 8 of the Schedule to the National Gambling Act, Act 7 of 2004, I, Mandisi Mpahlwa, Minister of Trade and Industry, hereby promulgate the accompanying regulations.

**MANDISI MPAHLWA**  
**MINISTER: TRADE AND INDUSTRY**

## REGULATIONS

### Chapter 1

#### Definitions

1. In these regulations,

- (a) any expression defined in the Act has the meaning assigned to it in that Act;
- (b) a reference to a section or sub-section by number refers to the corresponding section or sub-section of the Act;
- (c) a reference to a regulation or sub-regulation by number refers to the corresponding item of these Regulations; and
- (d) gross gaming revenue in respect of limited pay-out machines equals metered win or loss.

### Chapter 2

#### Prohibited gambling, restricted activities and status of gambling debt

##### **Excluded persons**

2.(1) The national register of excluded persons contemplated in section 14(7) shall contain at least the following information in respect of each excluded person-

- (a) full names, including other names used or known by;
- (b) date of birth;
- (c) identity number or passport number;
- (d) residential address;
- (e) telephone and cellular numbers, where applicable;
- (f) e-mail address, where applicable;
- (g) gender;
- (h) height;
- (i) weight;
- (j) hair colour;
- (k) eye colour; and
- (l) visible distinguishing marks.

(2) A notice to be submitted to the Board by a person wishing to register as an excluded person shall be in the form of Form NGB 1/1 and shall, at a minimum, contain a passport size colour photograph of that person, and that person's particulars as listed in sub-regulation (1).

(3) A notice to cancel registration as an excluded person contemplated in section 14(2) shall be in the form of Form NGB 1/2 and shall contain at least -

- (a) the name or names under which the exclusion is registered;
- (b) date of birth and/or identity number of the excluded person;
- (c) the registration exclusion number assigned to such person by the Board;
- (d) the current residential address and telephone numbers of the excluded person; and
- (e) documentary proof that the excluded person has complied with all requirements of any rehabilitation programme.

(4) Within seven days after receiving a notice contemplated in sub-regulation (2) or (3), the Board shall transmit a copy of the notice to all licence holders and provincial licensing authorities.

(5) Within seven days after receiving a copy of the notice referred to in sub-regulation (4), each recipient shall forward written confirmation of receipt thereof to the Board.

(6) A notice contemplated in sub-regulation (2) or (3) shall take effect upon the date of written confirmation of receipt contemplated in sub-regulation (5).

(7) The measures to be taken by a licence holder in terms of section 14(11)(a) to determine whether a person is an excluded person, shall, at a minimum, be-

- (a) to place at each entrance to any designated area, a member of staff whose duty shall be to monitor and control the entry of persons into the designated area;
- (b) to provide the member of staff contemplated in paragraph (a) with sufficient prior access to the information contained in the database maintained by the Board, reasonably to enable identification of excluded persons; and
- (c) to provide its members of staff, whose duties in the ordinary course entail the surveillance of persons in any designated area, with sufficient prior access to the information contained in the database maintained by the Board, reasonably to enable identification of excluded persons.

### **Advertisements**

3. (1) Advertising in respect of gambling must not-

- (a) contain any lewd or indecent language, images or actions;
- (b) portray excessive play;
- (c) imply or portray any illegal activity;
- (d) present any game, directly or indirectly, as a potential means of relieving financial or personal difficulties;
- (e) exhort gambling as a means of recovering past gambling or other financial losses;
- (f) contain claims or representations that persons who gamble are guaranteed personal, financial or social success;
- (g) represent or imply that-
  - (i) gambling is an alternative to employment or a means of acquiring financial security;
  - (ii) winning is the probable outcome of gambling;
  - (iii) gambling primarily involves skill;
  - (iv) gambling is a form of investment;
  - (v) the more or longer one gambles, the greater the chances of winning; or
  - (vi) that gambling is likely to make players' dreams a reality;
- (h) portray or contain persons or characters engaged in gambling who are, or appear to be, under the age of eighteen years;
- (i) be placed-
  - (i) in media primarily directed at persons under the age of eighteen years;
  - (ii) at venues where the majority of the audience may reasonably be expected to be under the age of eighteen years; or
  - (iii) on outdoor displays directed at schools, youth centres, technikons or university campuses.

(2) Each advertisement of a gambling machine or device, gambling activity or licensed premises at which gambling activities are available, must -

- (a) include a statement warning against the dangers of addictive and compulsive gambling, which shall-
  - (i) in respect of any printed or electronic mail advertisement, be in a font of at least the same size as the font used for the body of the advertisement and shall incorporate, at a minimum-
    - (aa) the name, toll-free number, and slogan of the National Responsible Gambling Programme; and
    - (bb) a reference to the fact that only persons of the age of eighteen years or older may lawfully participate in gambling;
  - (ii) in respect of any video or television advertisement-
    - (aa) incorporate at a minimum the information contemplated in sub-paragraph (i); and
    - (bb) be published in visual format so that each slogan appears in a legible and noticeable format for at least three seconds;
  - (iii) in respect of any radio advertisement or voice message on a telephone sent to the public-
    - (aa) incorporate at a minimum the information contemplated in sub-paragraph (i); and
    - (bb) be in a clearly audible format;
  - (iv) in respect of any hold message on the telephone system of a licensee-
    - (aa) incorporate at a minimum the information contained in sub-paragraph (i);
    - (bb) be broadcast at least once every 3 minutes; and
    - (cc) be in a clearly audible format;
  - (v) in respect of any text message service on a cellular telephone or similar device utilised predominantly for voice communication incorporate at a minimum the information contemplated in sub-paragraph (i);
  - (vi) in the case of advertisements appearing on billboards, web pages or multi-page pamphlets, contain at a minimum the information contemplated in sub-paragraph (i), which shall be displayed on at least ten percent of the surface of the billboard, the home page of the web page or the front page of a multi-page pamphlet;
- (b) contain such other information as may be required in terms of applicable provincial legislation; and
- (c) all promotions of gambling activities shall comply with the requirements of the relevant provincial legislation.

(3) The provisions of sub-regulation (2) shall not apply in respect of any advertisement of-

- (a) gambling devices placed in trade publications targeted at the licensed gambling industry;
- (b) facilities or amenities located or offered in or on licensed premises but which are unrelated to a gambling activity, provided that such advertisement does not make reference to gambling activities;

- (c) promotional items which have been exempt in terms of relevant provincial legislation; and
- (d) any promotional material manufactured before the effective date.

#### **Credit extension**

4. (1) The holder of a casino licence, a bookmaker licence or a totalisator operator licence may extend credit to a patron only after obtaining sufficient information regarding the patron's identity, credit history and financial capabilities in terms of the credit being requested.

(2) The holder of a licence contemplated in sub-regulation (1) may extend credit to a patron only in respect of a gambling activity authorised by that licence.

(3) All credit extensions shall be evidenced by a credit instrument signed at the time of credit extension by the patron who receives the credit.

(4) A credit instrument referred to in sub-regulation (3) shall contain –

- (a) sufficient information to allow for the collection of the debt following the receipt of the instrument; and
- (b) such other details as may be required in terms of the relevant provincial legislation.

(5) Failure by a licence holder to deposit a negotiable instrument for collection by the close of the banking day following the receipt of the negotiable instrument or the banking day following the completion of a continuous and uninterrupted residence by the patron concerned in the accommodation facilities located at the same licensed premises of the licensee, whichever is the later, shall, for the purposes of these regulations, be deemed to be an extension of credit.

#### **Prohibited transactions by licensed operator**

5. (1) A licence holder shall not exchange cash for cash except to enable a patron to participate in gambling where cash is used as the stake, or for the purpose of converting cash won by the patron while participating in gambling for different denominations of cash.

(2) A licence holder shall not-

- (a) issue a cheque or other negotiable instrument; or
- (b) transfer any funds to or on behalf of a patron, in exchange for cash, chips, tokens or other value instruments, unless the licence holder is satisfied that the patron has genuinely participated in gambling.

#### **Unlawful winnings**

6. (1) Unlawful winnings remitted to the Board in terms of section 16(3) shall be forwarded to the Board in the form of Form NGB 2, under cover of a memorandum which shall reflect, at a minimum –

- (a) the name of the player to whom the winnings accrued;
- (b) the name and licence number of the licence holder of the premises at which the winning bet was struck;
- (c) the grounds on which it is alleged that the winnings cannot lawfully be paid to the player;

- (d) the amount of the winnings concerned; and
  - (e) where applicable, proof of payment of the amount contemplated in paragraph (d) into the banking account of the Board.
- (2) A licence holder who remits winnings to the Board in terms of section 16 must provide any further information reasonably required by the Board to satisfactorily conclude an investigation contemplated in section 16(4).

### **Gambling premises**

#### **Standards for premises**

7. (1) No cash dispensing machine may be placed or operated within 5 metres of any point of unobstructed public access to a designated area, or anywhere in or on such designated area.
- (2) No cash dispensing machine may be visible to the patrons from the designated area.
- (3) No direction signs to cash dispensing machines may be placed anywhere in or on designated areas.
- (4) A licence holder must, in respect of gambling activity -
- (a) affix visible and legible signage warning of the dangers of addictive or compulsive gambling on the front of every gambling machine and at all points of purchase on licensed premises utilised by a bookmaker or the operator of a totalisator, in the format determined by the relevant provincial licensing authority;
  - (b) prominently display posters, as determined by the relevant provincial licensing authority, of at least A3 format notifying persons of the availability of assistance with regard to problem gambling, as contemplated in section 14(12)(b);
  - (c) have available for the public pamphlets or written manuals which educate members of the public on the issues of problem gambling.
- (5) The pamphlets or written manuals contemplated in sub-regulation (4)(c) must:
- (a) contain:
    - (i) a description of the National Responsible Gambling Programme's aims and activities;
    - (ii) an indication of the types of treatment available, and the extent to which these are free of charge; and
    - (iii) all available contact details in respect of the National Responsible Gambling Programme;
  - (b) be located in such a manner as to be easily accessible to the public in all areas in which gambling takes place.
- (6) A licence holder shall display information signs outside any entrance that leads onto or passes by a designated area which shall, at a minimum, carry a warning that gambling activities take place through such entrance, and, where available, directions to alternate entrances that do not lead onto or pass by designated areas.
- (7) The provisions of section 17(1) shall not apply to devices accessed by means of an integrated circuit card issued to a patron by a casino operator, by means of which -
- (a) funds are deposited by such patron to the credit of such card; and

- (b) funds standing to the credit of such card are withdrawn or redeemed by such patron.

### **Registration and certification of machines and devices**

#### **Exempted machines and devices**

8. (1) Playing cards and dice are exempted from the application of sections 9(1)(a) and (b).
- (2) All categories of gambling machine or device are exempt from the application of section 9(1)(b) with the exception of-
- (a) gambling machine cabinets;
  - (b) tables manufactured for the purpose of gambling games or are capable in all material respects of being used in the conduct of such games;
  - (c) roulette wheels;
  - (d) bingo drawing devices; and
  - (e) card shufflers,
- provided that a licence holder may, for a period of five days prior to submitting an imported or newly manufactured machine or device for certification, take possession of such machine or device.
- (3) The following gambling machines or devices are exempt from the application of section 9(1)(b) and Part D of Chapter 2 of the Act-
- (a) A gambling machine or device that-
    - (i) is located upon a cruise ship visiting the Republic;
    - (ii) has been seized in the Republic as a result of alleged criminal activity, and is in the possession of the South African Police Service, or any provincial licensing authority or authorised agent thereof;
    - (iii) is in transit in bond, as contemplated in section 18 of the Customs and Excise Act (Act 91 of 1964), through the Republic for the sole purpose of delivery to another country;
    - (iv) has been submitted to a licensed testing agent solely for testing;
    - (v) has been manufactured within the Republic solely for export and is possessed in compliance with the relevant provincial legislation;
    - (vi) is located within the Republic solely for temporary exhibition on the prior written authorisation of the relevant provincial licensing authority; or
    - (vii) is in the possession of a provincial licensing authority or the authorised agent thereof; and
  - (b) Any other gambling machine or device, except a machine or device of a category listed in sub-regulation (2).
- (4) Where the standard applicable to a gambling machine or device is amended or substituted, any type, variation or model of gambling device certified as complying to the former standard may be exposed for play for a maximum of three years after such substitution or amendment and, if it is to continue to be exposed for play after such period, must be certified against the amended or substituted standard.
- (5) All gambling machines or devices that were approved by a provincial licensing authority and exposed for play prior to the effective date are exempt from the

provisions of sections 9(1)(b), 19(1) and (2), 21, 22(2), 23(6) and 25, until a date to be determined by the Minister by notice in the Government Gazette, and may continue to be exposed for play subject to compliance with the relevant provincial legislation.

(6) All gambling machines or devices submitted for testing prior to the effective date shall be exempt from the provisions of sections 9(1)(b), 19(1) and (2), 21, 22(2), 23(6), 24 and 25, until a date to be determined by the Minister by notice in the Government Gazette, provided that they are approved and registered in accordance with the relevant provincial legislation.

(7) All gambling machines or devices are exempt from the provisions of Part D of Chapter 2, with the exception of sections 26 and 27, until a date to be determined by the Minister by notice in the Government Gazette, provided that such machines or devices comply with the relevant provincial legislation.

(8) A holder of a manufacturer, distributor or supplier licence issued by a provincial licensing authority prior to the effective date is exempt from the provisions of section 9, until a date to be determined by the Minister by notice in the Government Gazette, provided that such licence holder complies with the relevant provincial legislation.

#### **Record by manufacturer**

9. The record of gambling machines and devices to be kept by a manufacturer in terms of section 20(1) shall, at a minimum, contain the information contemplated in Form NGB 3.

#### **National registry**

10. (1) The national register of gambling machines and devices to be maintained by the Board in terms of section 21(1)(a), shall, at a minimum, contain the information contemplated in Form NGB 3.

(2) The Board shall provide provincial licensing authorities with ongoing access to the information contained in the national register contemplated in sub-regulation (1).

(3) The information to be provided in terms of sub-regulation (1) shall be as contemplated in Form NGB 3.

#### **Registration of devices**

11. The information to be provided to the Board in terms of section 22(1) shall, at a minimum, include the information prescribed by regulation 9 and shall be in the form of Form NGB 3.

#### **Transfer of devices**

12. (1) An application for approval of transfer of ownership of a gambling machine or device in terms of section 23(1) shall be in the form of Form NGB 3, and shall, at a minimum, contain the information prescribed by regulation 9, and the name and licence number of the transferee.

(2) A provincial licensing authority shall, in the form of Form NGB 3, advise the Board of an approval, transfer of ownership or possession contemplated in section 23(7)(c) in writing within ten working days after the date of such approval or the date on which such repossession came to its notice.

#### **Limited pay-out machines**

13. (1) The programme for the gradual introduction of limited pay-out machines in the Republic in terms of section 26(2)(a) shall be divided into the following phases-

- (a) Phase 1, in terms of which a provincial licensing authority may roll out no more than fifty percent of the total number of limited payout machines allocated to the Province;
  - (b) Phase 2, which shall not commence in a Province until the criteria contemplated in sub-regulation (2) have been met in that Province to the satisfaction of the Minister, and in terms of which the relevant provincial licensing authority may roll out no more than a further thirty five percent of the total number of limited payout machines allocated to the Province; and
  - (c) Phase 3, which shall not commence in a Province until the criteria contemplated in sub-regulation (2) have again been met in that Province to the satisfaction of the Minister, and in terms of which the relevant provincial licensing authority may roll out the outstanding number of limited payout machines allocated to the Province.
- (2) Before any successive phase of the programme contemplated in sub-regulation (1) may be proceeded with in a Province, the Board, having been requested thereto by the relevant provincial licensing authority and after consultation with such authority, must commission and fund a study in respect of the socio-economic impact of the licensed limited pay-out gambling machine industry in that Province, having specific regard, but not limited, to the -
- (a) actual impact of licensed operations on the social and economic well-being of the Province; and
  - (b) projected impact of the introduction of the further prescribed allocation of limited pay-out machines on the social and economic well-being of the relevant Province,
- and submit the results of such study to the Minister and the relevant Member of the Executive Council responsible for gambling in that province.
- (3) Upon receipt and consideration of the study referred to in sub-regulation (2), the Minister may -
- (a) without calling for further information, approve the implementation of the next phase of the programme in the relevant Province;
  - (b) postpone the making of a decision regarding the implementation of the next phase of the programme in the relevant Province, pending the receipt of such further information as he or she may deem necessary; or
  - (c) refuse to grant approval for the implementation of the next phase of the programme in the relevant Province.

#### **National central electronic monitoring system**

**14.** (1) The national central electronic monitoring system must be capable of analysing and reporting data in accordance with the requirements of the standards determined in respect of such system in terms of the Standards Act, 1993, (Act 29 of 1993).

(2) The monitoring fees to be paid by a licensee in relation to limited payout machines shall be as set out in Schedule 2.

(3) A licensed operator of limited payout machines shall be afforded ongoing access to all information on the national central electronic monitoring system, which relate to the operations of that licensee.

### **Chapter 3** **Jurisdiction**

#### **Oversight function of Board**

**15.** A provincial licensing authority must, within a period of not more than ninety days after receiving an evaluation report contemplated in section 34(4)(a), submit a written response in respect thereof to the Chief Executive Officer.

#### **Information sharing**

**16.** A provincial licensing authority shall submit the report contemplated in section 35(2) of the Act to the Board on a quarterly basis in the form of Form NGB 4.

#### **Limitation on prizes for amusement games**

- 17.** Any prize offered in respect of a single amusement game shall-
- (a) be limited to a non-cash prize with a market value of no more than fifty rand;
  - (b) not be capable of being exchanged for cash; and
  - (c) comply with such other restrictions as the relevant provincial legislation may determine.

### **Licensing of persons employed in the gambling industry**

#### **Employment licences**

- 18. (1)** The categories of work that are subject to the requirements of section 28 pertain to –
- (a) every director of a licence holder;
  - (b) every person who is employed at or by a gambling business who is directly involved in the conduct of gambling operations and required to be licensed in terms of provincial legislation;
  - (c) every person who may exercise control over gambling operations or the exercise of their functions by the persons contemplated in paragraph (b);
  - (d) every employee of a licence holder who, by virtue of his or her functions may reasonably be in a position –
    - (i) to influence the outcome of a gambling game; or
    - (ii) to make representations regarding the liability for tax of any licence holder; and
  - (e) such other categories of persons as may be required to be licensed as employees in terms of provincial legislation.
- (2)** A licence holder, shall, within fourteen days after a licensed employee has-
- (a) become employed by it pursuant to a national employment licence;
  - (b) been assigned a different job description or position;
  - (c) to its knowledge, become disqualified to continue in its employ; or
  - (d) left its employment,
- inform the relevant provincial licensing authority thereof in writing.

**Temporary licences****19. (1) Where a provincial licensing authority-**

- (a) is satisfied that -
  - (i) the operations of the holder of a licence will be seriously prejudiced or disadvantaged by a delay in the employment of an applicant for an employment licence; and
  - (ii) the commencement of the employment of the person concerned will not prejudice the integrity and proper operation of the licensee concerned; and
- (b) has already received an application for the permanent licensing of that employee, where required in terms of provincial legislation, the provincial licensing authority may issue a temporary licence to that employee in terms of this Act or the applicable provincial legislation, pending the outcome of such application for a permanent licence.

(2) Where a provincial licensing authority refuses an application for the licensing of a person who holds a temporary licence, the employer concerned shall summarily terminate the employment of that person in any position in respect of which licensing is a requirement.

(3) The provisions of sub-regulation (2) shall be a condition of employment.

**National Licences****Application for national licence**

20. (1) An application for a national licence in terms of section 38(3) shall be in writing in the relevant form of Form NGB 5/1, and must be accompanied by the fee stipulated in Schedule 1 in respect of such category of national licence.

(2) A notification by a provincial licensing authority to issue a national licence certificate shall be in the form of Form NGB 5/2.

**National licence procedures**

21. The investigations to be carried out in terms of section 40(1)(b) shall, at a minimum, report on the information contained in Form NGB 5/1.

**Evaluation of proposed licence**

22. (1) A notice of intent to evaluate a proposed licence contemplated in section 42(2) shall be in the form of Form NGB 6/1.

(2) The Chief Executive Officer shall inform the relevant parties of the outcome of the oversight evaluation in the form of Form NGB 6/2.

**Licensing norms and standards****Disqualifications for licences or holding of financial interest**

23. A person shall be disqualified for an employment or other licence or to hold a financial interest in a licence if that person has been sentenced to a fine exceeding R 3 000 in the circumstances contemplated in sections 49(1)(f) or 50(2)(i).

**Disqualification after licence issued**

24. A person who becomes disqualified as contemplated in section 51(2)(a) must, within ten working days after having become aware of the disqualification, deliver a written notice of that disqualification to the relevant licensee and the licensing authority which issued the licence.

**External probity reports and national probity register**

25. The national probity register to be compiled by the board in terms of section 57(3) shall be in the relevant form of Form NGB 7 and shall be accessible to all provincial licensing authorities.

**Transfer of or acquisition of controlling interest in licence**

26. (1) The investigations to be conducted by a provincial licensing authority before granting a transfer of a licence or approving an acquisition in terms of section 59(3) shall include, at a minimum, the conduct of such investigations as are necessary to ensure compliance with section 50(2) of the Act.

(2) The provincial licensing authority granting a transfer or approving an acquisition of a licence shall notify the Board of such transfer or approval.

**Surrender of licence**

27. Upon receiving a notice to surrender a licence, the provincial licensing authority shall notify the Board of such notice.

**Fees, costs, application for and duration of licences****Fees in respect of national licences**

28.(1) In respect of national licences-

- (a) the licence application fee in respect of a new national licence of the type set out in Column 1 of the table contained in Schedule 1 shall be as specified alongside such licence type in Column 2 thereof, and shall be payable by the applicant to the relevant provincial licensing authority on submission of an application for a new national licence; and
- (b) the fee in respect of the annual renewal of a national licence of the type set out in Column 1 of the table contained in Schedule 1 shall be as specified alongside such licence type in Column 3 thereof, and shall be payable by the applicant to the relevant provincial licensing authority upon submission of the application for renewal of the licence.

(2) All fees contemplated in this regulation are not refundable and are exclusive of Value Added Tax.

**Investigation costs in respect of national licences**

29. In respect of national licences -

- (a) all reasonable costs incurred by a provincial licensing authority in investigating and probing an application for a licence or the renewal thereof shall be paid by the applicant in the manner prescribed in this regulation, provided that, in the case of an employment licence, all such fees shall be paid by the employer or proposed employer of such applicant;

- (b) the costs to be incurred during the course of probity investigations conducted by a provincial licensing authority in respect of an application for a licence or the renewal thereof must be estimated by the provincial licensing authority, which shall require the applicant to pay such deposit in respect of such costs as it may deem appropriate before commencing such investigation;
- (c) all costs incurred by a provincial licensing authority during the course of a probity investigation conducted by it shall be recouped by that authority from time to time from the deposit contemplated in subparagraph (b);
- (d) a provincial licensing authority may, at any stage during the investigation of an application, require the applicant to pay such additional deposits in respect of investigative costs as may be necessary;
- (e) upon completion of its investigation, a provincial licensing authority shall, upon request, supply the applicant with a detailed account of investigative costs incurred, and any balance standing to the credit of the account held on behalf of the applicant must be maintained in such account, or refunded, as the case may be; and
- (f) a provincial licensing authority shall not take final action on any application unless all investigative costs have been paid in full.

#### **Procedure in respect of application for renewal of national licences**

**30.** An application for renewal of a national licence shall be in the relevant form of Form NGB 5/1 and shall be submitted to the provincial licensing authority which issued that licence, provided that if-

- (a) the location at which the licence holder performs the activities authorised by the licence; or
- (b) the licence holder's primary place of business or residence

no longer falls within the area of jurisdiction of the provincial licensing authority which issued the licence, the licence holder must apply to the provincial licensing authority within whose area of jurisdiction the criteria contemplated in paragraphs (a) or (b) are satisfied for renewal of the licence.

#### **Duration of national licences**

**31.** All national licences shall be valid from the date of issue until 31<sup>st</sup> March of the succeeding year, subject to compliance with all applicable legislation, and shall be renewable on an annual basis.

#### **Accountability, audits and reports**

**32.(1)** The holder of a national licence, other than an employment licence, must, in accordance with generally accepted accounting practices, standards or principles-

- (a) keep such records as the provincial licensing authority which issued the licence may require;
- (b) at the end of each financial year prepare financial statements; and
- (c) appoint a person registered as an accountant or auditor in terms of section 15 of the Public Accountants' and Auditors' Act, 1991 (Act 80 of 1991), to audit its financial statements.

(2) The auditor contemplated in sub-regulation (1)(c) shall not be appointed for a period longer than 5 years, and such appointment shall not be renewable within a period of 10 years after the expiration of the initial period of appointment.

#### **Administrative procedures**

**33.(1)** The holder of a national licence, other than an employment licence, must establish and maintain administrative and accounting procedures for the purpose of exercising effective control over its internal financial affairs.

(2) The procedures contemplated in sub-regulation (1) must be designed to ensure that -

- (a) assets are safeguarded;
- (b) financial records are accurate and reliable;
- (c) transactions are performed in accordance with management's general or specific authorisation;
- (d) transactions are adequately recorded to permit proper reporting of revenue, fees and taxes; and
- (e) functions, duties and responsibilities are appropriately segregated and performed in accordance with sound practices by competent and qualified personnel.

(3) The holder of a national licence contemplated in sub-regulation (1) must-

- (a) establish a compliance committee, which must meet a minimum of once every quarter, to facilitate compliance with control standards as contained in the relevant provincial legislation; and
- (b) maintain an audit committee, which shall comprise at least three members, the majority of whom shall be independent of management.

#### **General**

**34.** Notwithstanding any of the provisions of this regulation, the Board may request any further or additional information reasonably required for the purpose of considering any application or notification in terms of the Act.

#### **Short title and commencement**

**35.** These regulations are called the National Gambling Regulations, 2004, and shall commence on 15 November 2004.

**SCHEDULE 1****LICENCE APPLICATION AND RENEWAL FEES**

<b>Licence Type</b>	<b>New licence application fee</b>	<b>Annual renewal fee</b>
<b>Employment licence</b>	<b>R 4 000</b>	<b>R 2 000</b>
<b>Manufacturer licence</b>	<b>R 120 000</b>	<b>R 80 000</b>
<b>Testing agent licence</b>	<b>R 100 000</b>	<b>R 50 000</b>

**SCHEDULE 2****MONITORING FEES FOR INSTALLED LIMITED PAYOUT MACHINES  
CALCULATED AS A PERCENTAGE OF GROSS GAMING REVENUE**

<b>Up to 15 000</b>	<b>6 %</b>
<b>Up to 20 000</b>	<b>5,61%</b>
<b>Up to 25 000</b>	<b>5,21%</b>
<b>Up to 35 000</b>	<b>4,42%</b>
<b>Up to 42 000</b>	<b>3,87%</b>
<b>More than 42 000</b>	<b>3,24%</b>

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

**INSTRUCTIONS**

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

In terms of regulation 2 of the National Gambling Regulations, 2004 this notice remains in force until cancelled by completion of form NGB 1/2 as contemplated in Regulation 2(3).

*This form has 06 pages (including this page). There is no fee for filing this form.*

**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 1/1**

**APPLICATION TO BE INCLUDED IN THE NATIONAL  
REGISTER OF EXCLUDED PERSONS**

**APPLICANT'S SIGNATURE**

**DATE**

This form is prescribed by the Minister of Trade and Industry in terms section 14(1) of the National Gambling Act, 2004 (Act No. 7 of 2004)

Dear Applicant to the Voluntary Exclusion Programme,

I would also like to encourage you to utilize (or continue to utilize) the free treatment services for people who have a problem with gambling. The National Responsible Gambling Programme (NRGP) is funded by the gambling industry to promote responsible gambling and offer treatment to those already afflicted by problem gambling.

The National Responsible Gambling Programme offers:

- a) a toll free helpline 24 hours a day (0800 006 008);
- b) free consultations with a Counselor; and
- c) in patient treatment.

Once you have completed a valid application for placement on the National Register of Excluded Persons, you will have excluded yourself from all designated areas nationally.

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## APPLICATION FOR PLACEMENT ON THE NATIONAL REGISTER OF EXCLUDED PERSONS

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### Instructions

- Establish whether applicant understands English, (If the answer is "no" establish applicant's preferred language and arrange for an interpreter). English ☐ Other (Specify) \_\_\_\_\_
- Establish whether the applicant is presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent her / him from making a rational and informed decision regarding whether or not to execute this application? (If answer is "yes" terminate the interview and re-schedule the interview). Yes ☐ No ☐
- Establish whether the applicant is completing the form in her / his own free will. (An answer of "no" terminates the interview, as the applicant is not eligible for placement on the National Register of Excluded Persons). Yes ☐ No ☐
- Print the answers to questions in **black** ink.
- Initial pages in the bottom right-hand corner.
- Attach a copy of applicant's most recent Driver's License or identification document.
- Attach a recent passport size colour photograph (taken within the last 12 months). Print applicant's name at the back of the photograph.

I, \_\_\_\_\_ (full names) hereby apply to the Board to be added to the National Register of Excluded Persons for exclusion from designated areas.

**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.

2. Does your employment require that you enter designated areas? Yes ☐ No ☐

If yes, please furnish proof:

Employer: \_\_\_\_\_

Job Title/Description: \_\_\_\_\_

Location(s) at which access is needed: \_\_\_\_\_

3. My details are as follows:

<b>FULL NAMES:</b>			
<b>DO YOU HAVE ANY OTHER NAMES OR ALIASES?</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>IF YES, LIST THESE NAMES OR ALIASES:</b>			
<b>DATE OF BIRTH:</b>		<b>IDENTITY NUMBER:</b>	
<b>ADDRESS:</b>	Physical	Postal	
<b>POSTAL CODE:</b>			
<b>TELEPHONE NO.:</b>	(HOME)	(WORK)	
	(CELL)		
<b>E-MAIL ADDRESS:</b>			
<b>GENDER:</b>	M <input type="checkbox"/>	F <input type="checkbox"/>	
<b>HEIGHT:</b>		<b>WEIGHT:</b>	
<b>HAIR COLOUR:</b>		<b>EYE COLOUR:</b>	
<b>DISTINGUISHING MARKS:</b>			

If required I shall also allow the licence holder/Regulatory Authority to photograph me in digital format for purposes only of allowing such licence holder/Regulatory Authority to comply with my request.

1	Yes	No	Have you read the application provided to you, and do you understand its contents?
2	Yes	No	Do you understand that by asking to be placed on the National Register of Excluded Persons that you are accepting that you are a problem gambler and that you are unable to gamble responsibly?
3	Yes	No	Do you understand that the licence holder/Regulatory Authority recommends that you seek treatment for your gambling problem?
4	Yes	No	Do you understand that if you are placed on the National Register of Excluded Persons, it will be your responsibility to stay out of designated areas?
5	Yes	No	Do you understand that, notwithstanding the provisions contained in the legislation, according to the terms of the application before you, it is your responsibility to not enter designated areas?
6	Yes	No	Do you understand that, if you complete the application before you, the consequence of you being discovered in designated areas is that you will be arrested for trespassing?
7	Yes	No	Do you understand that, if you complete the application before you, a further consequence of you being discovered in a designated area is that you <b>will not be eligible to win</b> a gambling game and therefore will be denied winnings you may attempt to claim while visiting designated areas?
8	Yes	No	Do you understand that by completing the application before you, you are authorising a licence holder / regulatory authority to release the contents of your application – including your name and ID number – to all regulatory authorities, licensed operators, their agents and affiliates? (This information can be used only to enforce the provisions of the exclusion policy. No one else may access the information in your application including your family members, employer, or prospective employer).
9	Yes	No	Do you understand that releasing the information in your application to the licence holder/regulatory authority may result in your being denied service at designated areas nationally?
10	Yes	No	Do you understand that you may receive mailings from licence holders for several weeks after completing this application? (Licence holders generally print these mailings several weeks prior to distribution. However, your name will be removed from the mailing list following notification of your placement on the National Register and you will not be included in future printings.)
11	Yes	No	Do you understand that by completing the application before you, you are requesting to be placed on the National Register of Excluded Persons and that such placement is <b>valid until such time that an application to revoke the exclusion has been received and approved?</b>
12	Yes	No	Is it clear to you that you are agreeing to stay off <b>all</b> designated areas until approval to revoke the exclusion is granted, and the consequence of you violating this agreement is that <b>you will be arrested for trespassing and you will forfeit any winnings</b> in your possession at the time of your arrest?

**I acknowledge/accept that I am a problem gambler and that I am unable to gamble responsibly.**

\_\_\_\_\_,<sup>2</sup>  
(Signature required) (date) (year)

\_\_\_\_\_  
WITNESS

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
,<sup>2</sup>\_\_\_\_\_

### Waiver/Release

I, \_\_\_\_\_ wish to be placed on the National Register of Excluded Persons and have filed with the licence holder/regulatory authority this application for placement on the National Register of Excluded Persons. By filing such application, I understand that I am a problem gambler and that I am assuming the responsibility of refraining from visiting designated areas nationally. Furthermore, I understand that if I visit a designated area after completing this application and I am discovered, that I will be ejected from such premises.

**I also understand that my presence in designated areas constitutes trespassing and the licence holder will request that I be arrested for such. Moreover, I understand that by filing an application for placement on the National Register of Excluded Persons and by signing this Waiver/Release, I agree that I am not eligible to place a legal wager and that I will be denied the winnings based on any wager that I might place.**

I authorise any licence holder or its employees to deny me access to a designated area. By signing this release and acknowledging receipt of good and valid consideration thereof, I hereby release, remise, and forever discharge the gambling industry members, agents and employees from any and all manners of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I, the undersigned, and my heirs, successors, administrators, executors, and assigns ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing, enforcing or other action or omission relating to this application including but not limited to, the release of the contents of my application to any licence holder, its agents or employees.

I understand that a licence holder, in conjunction with my placement on the National Register of Excluded Persons, will submit a plan for approval for removing my name from all mailing lists which may generate marketing offers being sent specifically to me and to deny me credit (if applicable), and any club memberships. I will notify the licence holder of any errant mailing or marketing offer I might receive.

I understand the National Responsible Gambling Programme or its agents or employees may contact me from time to time to conduct research necessary to evaluate the Voluntary Exclusion Programme and determine appropriate methods of addressing problem gambling issues.

I have read this Waiver/Release and understand all its terms. I execute it voluntarily and with full knowledge of its consequences and significance.

\_\_\_\_\_  
APPLICANT\_\_\_\_\_  
WITNESS

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_,

2\_\_\_\_\_.

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**TO BE COMPLETED BY THE OFFICIAL ASSISTING IN COMPLETION OF THIS APPLICATION:**

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- (a) I have positively confirmed the identity of the applicant utilising \_\_\_\_\_ (FILL IN).
- (b) The applicant's appearance accords with the photographs sent herewith.
- (c) The applicant has signed the above form in my presence.
- (d) When signing the application:
- (i) the applicant appeared to do so voluntarily and without duress; and
- (ii) the applicant appeared to be in his full and sober senses.

DESIGNATION:		INTERPRETER:	Yes	No
FULL NAMES:		FULL NAMES:		
ADDRESS:		ADDRESS:		
OFFICE:		OFFICE:		
SIGNATURE:		SIGNATURE:		

Additional Notes by the Interviewer:

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


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**INSTRUCTIONS**

This form is prescribed for use in terms of regulation 2(3) of the National Gambling Regulations, 2004

*This form has 04 pages (including this page). There is no fee for filling this form.*

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 1/2**

**APPLICATION FOR CANCELLATION OF REGISTRATION  
AS AN EXCLUDED PERSON**

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**DATE**

This form is prescribed by the Minister of Trade and Industry in terms section 14(2) of the National Gambling Act, 2004 (Act No. 7 of 2004)

## APPLICATION FOR REMOVAL FROM THE NATIONAL REGISTER OF EXCLUDED PERSONS

### Instructions

- Establish whether applicant understands English, (If the answer is "no" establish applicant's preferred language and arrange for an interpreter). English ☐ Other (Specify) \_\_\_\_\_
- Establish whether the applicant is presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent her / him from making a rational and informed decision regarding whether or not to execute this application? (If answer is "yes" terminate the interview and re-schedule the interview) Yes ☐ No ☐
- Establish whether the applicant is completing the form in her / his own free will. (An answer of "no" terminates the interview, as the applicant is not eligible for removal from the National Register of Excluded Persons). Yes ☐ No ☐
- Print the answers to questions in black ink.
- Initial pages in the bottom right-hand corner.

I, \_\_\_\_\_ (full names) hereby apply to the Board to be removed from the National Register of Excluded Persons.

### PERSONAL DETAILS

Full names:			
Do you have any other names or aliases? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, list these names or aliases:			
Date of birth:	ID No:		
Address:	Physical	Postal	
Postal code:			
Telephone No.:	(Home)	(Work)	
	(Cell)		
E-mail address:			
Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Registration No:			

1	Yes	No	Have you read the application provided you and do you understand its contents?
2	Yes	No	Do you understand that by asking to be removed from the National Register of Excluded Persons you are accepting that you are a responsible gambler and will be liable for all the consequences of your gambling?
3	Yes	No	Do you understand that if you are removed from the National Register of Excluded Persons, it will be your responsibility to gamble responsibly?
4	Yes	No	Do you understand that the licence holder/regulatory authority requires that you undergo treatment before being removed from the National Register of Excluded Persons?
5	Yes	No	Have you complied with any requirements of rehabilitation programmes developed for you. ( <i>Attach documentary proof thereof</i> )

**I acknowledge/accept that I am now a responsible gambler and have been rehabilitated from all gambling problems I had.**

\_\_\_\_\_, 2\_\_\_\_\_  
(Signature required) (date) (year)

\_\_\_\_\_  
WITNESS

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_,  
2\_\_\_\_\_.

### Waiver/Release

I understand that by filing an application for removal from the National Register of Excluded Persons and by signing this Waiver/Release, I am responsibly for my gambling activities.

I further understand that by signing this form I will not be entitled to pursue legal action against the gambling operator /Board/Provincial Licensing Authority as a result of my participation in gambling.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
WITNESS

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_,  
2\_\_\_\_\_.

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**TO BE COMPLETED BY THE OFFICIAL ASSISTING IN COMPLETION OF THIS APPLICATION:**

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I have positively confirmed the identity of the applicant utilising \_\_\_\_\_ (fill in).

The applicant has signed the above form in my presence.  
 When signing the application:  
 the applicant appeared to do so voluntarily and without duress; and  
 the applicant appeared to be in his sound and sober senses.

<b>DESIGNATION:</b>		<b>INTERPRETER:</b>	Yes	No
<b>FULL NAMES:</b>		<b>FULL NAMES:</b>		
<b>ADDRESS:</b>		<b>ADDRESS:</b>		
<b>OFFICE:</b>		<b>OFFICE:</b>		
<b>SIGNATURE:</b>		<b>SIGNATURE:</b>		

Additional Notes by the Interviewer:

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## NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

**INSTRUCTIONS**

This form is prescribed for use in terms of regulation 6(1) of the National Gambling Regulations, 2004

*Attach additional sheet, if necessary, for setting out reasons that winnings are deemed unlawful.*

*Attach proof of deposit of unlawful winnings to the account of the Board.*

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 2****REMITTANCE OF UNLAWFUL WINNINGS**

1. Name, Physical Address and Licence Number of Licensee:

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2. Full Names of Player:

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4. Date of Birth and ID No:

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5. Physical Address and Postal Address:

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7. Tel No:

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8. Mobile No:

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9. Fax No:

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10. Email Address:

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10. Amount won:

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11. Gambling activity (Tables, Slots etc.):

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12. Reasons for winnings deemed unlawful:

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**AUTHORISED REPRESENTATIVE OF LICENCE HOLDER**

DESIGNATION

TEL NO.

SIGNATURE

DATE

This form is prescribed by the Minister of Trade and Industry in terms section 16(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 terms of regulations 9; 10; 11 and 12 of the National Gambling Regulations, 2004

*Indicate in terms of which regulation this form is filed.*

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 3**

**RECORD BY MANUFACTURER / NATIONAL  
REGISTRY/ REGISTRATION / TRANSFER OF  
GAMBLING MACHINE OR DEVICE**

1. Name of Manufacturer \_\_\_\_\_

2. Address \_\_\_\_\_

3. Full Name and Description of Gambling Machine / Device  
\_\_\_\_\_

4. Serial No. \_\_\_\_\_

5. Date of Manufacture / Acquisition \_\_\_\_\_

6. Purpose for Manufacture / Acquisition \_\_\_\_\_  
\_\_\_\_\_

7. Date of Sale or Other Distribution \_\_\_\_\_

8. Date of Transfer \_\_\_\_\_

9. Name, Address and Licence Number of Person Transferring from (where applicable)  
\_\_\_\_\_  
\_\_\_\_\_

10. Name, Address and Licence Number of Person Transferring to (where applicable)  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DESIGNATION \_\_\_\_\_ DATE \_\_\_\_\_

This form is prescribed by the Minister of Trade and Industry in terms sections 20(1); 21(1)(a); 22(1) and 23(1) and (7)(c) 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 terms of regulation 16 of the National Gambling Regulations, 2004

*Provincial Licensing Authority must attach any additional information applicable*

**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 4**

**INFORMATION SHARING**

1. Name of Provincial Licensing Authority: \_\_\_\_\_

2. Report: \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DESIGNATION \_\_\_\_\_ DATE \_\_\_\_\_

This form is prescribed by the Minister of Trade and Industry in terms section 35(2) 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 terms of regulation 20(1) of the National Gambling Regulations, 2004

*This form has 20 pages (including this page)*

*The same form must be completed, where applicable, when applying for renewal of national licence.*

*The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application.*

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 5/1(a)**

**APPLICATION FOR ☐ / RENEWAL OF ☐**  
**MANUFACTURER'S / TEST AGENT LICENCE**

Full Names of Applicant \_\_\_\_\_

Employer: \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

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

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

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


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### 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.

<input type="checkbox"/>	MANUFACTURER OF GAMING MACHINES
<input type="checkbox"/>	TESTING AGENT

List categories of equipment you wish to manufacture:

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**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.

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- (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: \_\_\_\_\_

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


- (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	PROVINCE	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).

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- (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.

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

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


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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)		

**VOTING RIGHTS**


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

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

### **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;

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

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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, DEFERRED 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:

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

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

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

\* 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:

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**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.

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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:

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**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

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

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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, CONVICTED, 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:** \_\_\_\_\_

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


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

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*NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008*

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**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:

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- (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:

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- (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:

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- (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:

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**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**.

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

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

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**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

**INSTRUCTIONS**

This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations, 2004.

*This form has 37 pages (including this page)*

*The same form must be completed, where applicable, when applying for renewal of licence.*

*The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application*

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 5/1(b)**

**APPLICATION FOR KEY EMPLOYEE LICENCE  
(PERSONAL HISTORY DISCLOSURE)**

Full Names of Applicant: \_\_\_\_\_

Employer: \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

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

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

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

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

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


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**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.

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

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


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

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


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**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)			
<b>TOTAL INCOME (A)</b>			
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)			
<b>TOTAL EXPENDITURE (B)</b>			
<b>NET INCOME / (DEFICIT) (A - B)</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: \_\_\_\_\_

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

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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: \_\_\_\_\_

**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
<b>APPLICANT:</b>								
<b>SPOUSE:</b>								

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

**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.....
<b>APPLICANT:</b>									
<b>SPOUSE</b>	<b>MINOR CHILDREN:</b>								

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

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

FORM NGB 5/1(b)

**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.....
<b>APPLICANT:</b>							
<b>SPOUSE:</b>							

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

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

**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
<b>APPLICANT:</b>				
<b>SPOUSE:</b>				

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

**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
<b>APPLICANT:</b>						
<b>SPOUSE</b>	<b>MINOR CHILDREN:</b>					

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

**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
<b>APPLICANT</b>								
<b>SPOUSE</b>	<b>MINOR CHILDREN</b>							

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

**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
<b>APPLICANT:</b>							
<b>SPOUSE:</b>							

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

**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
<b>APPLICANT:</b>							
<b>SPOUSE:</b>							

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

**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
<b>APPLICANT:</b>							
<b>SPOUSE</b>	<b>MINOR CHILDREN:</b>						

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

**SCHEDULE J**

**MOTOR VEHICLES, MOTOR CYCLES, AEROPLANES, MOTOR BOATS, YACHTS ETC**

Details of above assets	Registration or identification no.	Details of seller	Date of purchase	Purchase price	Method of financing	If not cash, amount outstanding	Current market value
<b>APPLICANT:</b>							
<b>SPOUSE</b>	<b>MIINOR CHILDREN:</b>						

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

**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
<b>APPLICANT:</b>								
<b>SPOUSE:</b>								

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

**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
<b>APPLICANT:</b>								
<b>SPOUSE:</b>								

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

**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 (s)
<b>APPLICANT:</b>								
<b>SPOUSE:</b>								

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

**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
<b>APPLICANT:</b>								
<b>SPOUSE:</b>								

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

**SCHEDULE O**  
**OFF-BALANCE SHEET ASSETS**

Details of off-balance sheet assets	Registration or identification no.	Details of rental or leasing co.	Date of agreement	Expiry date	Interest rate (%)	Monthly rental /lease payments	Options at the end of the period
<b>APPLICANT:</b>							
<b>SPOUSE</b>	<b>MINOR CHILDREN:</b>						

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

**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
<b>APPLICANT:</b>									
<b>SPOUSE:</b>									

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

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

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

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

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- (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:** \_\_\_\_\_

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*NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008*

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### 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:** \_\_\_\_\_

**INSTRUCTIONS**

This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations, 2004.

*This form has 13 pages (including this page)*

*The same form must be completed, where applicable, when applying for renewal of licence.*

*The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application*

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 5/1(c)**

**APPLICATION FOR OTHER EMPLOYEE LICENCE  
(PERSONAL HISTORY DISCLOSURE)**

Full Names of Applicant: \_\_\_\_\_

Employer: \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

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

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**.

**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 stanler.

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**

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

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

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

	Passport number		
	Country		
	Place of issue		
	Date of issue		
	Date of expiry		
<b>27</b>	<b>Criminal Offences:</b>		
	Nature of offence	Province and Country	City/Town Date of offence
	Name	Relationship	Charge Result of court case or hearing
<b>28</b>	<b>Residences:</b> List all addresses at which you have been permanently resident over the last 5 years beginning with your current address and working backwards.		
	Month and year (From - To)	Street and Number	Suburb City Province and Country

**29. Employment history:**

Beginning with your current employment, list your employment history, including all businesses with which you have been involved during the last 5 years.

(a)

Month and year (From - To)	Name and postal address of employer/business	Reason for leaving

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	
32	<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.	
Body		Period

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

(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:		
(c)	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:		
(d)	Are you under investigation by any government authority?		
	If "yes", provide details:		
(e)	Are you associated with a company that is currently under investigation by any government authority?		
	If "yes", complete the following:		
33(a)	<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)	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:		
(c)	Have you ever been refused credit or been the subject of an adverse credit rating report to your knowledge?		
	If "yes", please give details:		
34	Are you; your spouse or any member of your family, or have any of the aforementioned been, during the preceding twelve months:		
(a)	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)	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.		
35	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)

\_\_\_\_\_  
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, 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  
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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****INSTRUCTIONS**

This form is prescribed for use in terms of regulation 22(1) of the National Gambling Regulations, 2004

*The form shall be applicable to all applications for national licences.*

**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  
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**FORM NGB 6/1**

**NOTICE OF INTENT TO EVALUATE PROPOSED  
NATIONAL LICENCE**

1. To: \_\_\_\_\_
2. Name of Entity: \_\_\_\_\_
3. Trading Name: \_\_\_\_\_
4. Physical Address: \_\_\_\_\_
5. Licence applied for: \_\_\_\_\_
6. Jurisdiction Application made: \_\_\_\_\_
7. Date of Application \_\_\_\_\_

**CHIEF EXECUTIVE OFFICER: NATIONAL GAMBLING BOARD**

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

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

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**

**INSTRUCTIONS**

This form is prescribed for use in terms of regulation 22(2) of the National Gambling Regulations, 2004

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  
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**FORM NGB 6/2**

**OUTCOME OF EVALUATION OF PROPOSED  
NATIONAL LICENCE**

1. To: \_\_\_\_\_
2. Name of Entity/Employee: \_\_\_\_\_
3. Trading Name (where applicable): \_\_\_\_\_
4. ID No. (where applicable): \_\_\_\_\_
5. Employer (where applicable): \_\_\_\_\_
6. Physical Address: \_\_\_\_\_
7. Licence applied for: \_\_\_\_\_
8. Jurisdiction where application made: \_\_\_\_\_
9. Date of Application: \_\_\_\_\_
10. Outcome of Oversight Evaluation: \_\_\_\_\_

**CHIEF EXECUTIVE OFFICER: NATIONAL GAMBLING BOARD**

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

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

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  
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e-mail: [info@ngb.org.za](mailto:info@ngb.org.za)  
website: [www.ngb.org.za](http://www.ngb.org.za)



**National Gambling Board**

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**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

**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.  
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Private Bag X27, Hatfield, 0028.  
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website: [www.ngb.org.za](http://www.ngb.org.za)



**National Gambling Board**

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**FORM NGB 7/2**

**NATIONAL PROBITY REGISTER FORM  
(EMPLOYEES)**

1. To: \_\_\_\_\_
2. Name of Employee: \_\_\_\_\_
3. ID No: \_\_\_\_\_
4. Income Tax No. (where applicable): \_\_\_\_\_
5. Physical Address: \_\_\_\_\_  
\_\_\_\_\_
6. Employer Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Licence applied for: \_\_\_\_\_
8. Application Status (*Approved or rejected*): \_\_\_\_\_
  - a. If approved, Reasons for Approval: \_\_\_\_\_  
\_\_\_\_\_
  - b. If rejected, Reasons for Rejection: \_\_\_\_\_  
\_\_\_\_\_
9. Jurisdiction where application made: \_\_\_\_\_
10. Date of Application: \_\_\_\_\_
11. Any other information deemed necessary to be included:  
\_\_\_\_\_  
\_\_\_\_\_

**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)

## ATTENTION

Please take note that the  
Publications Division  
of the Government  
Printing Works will  
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Thank you

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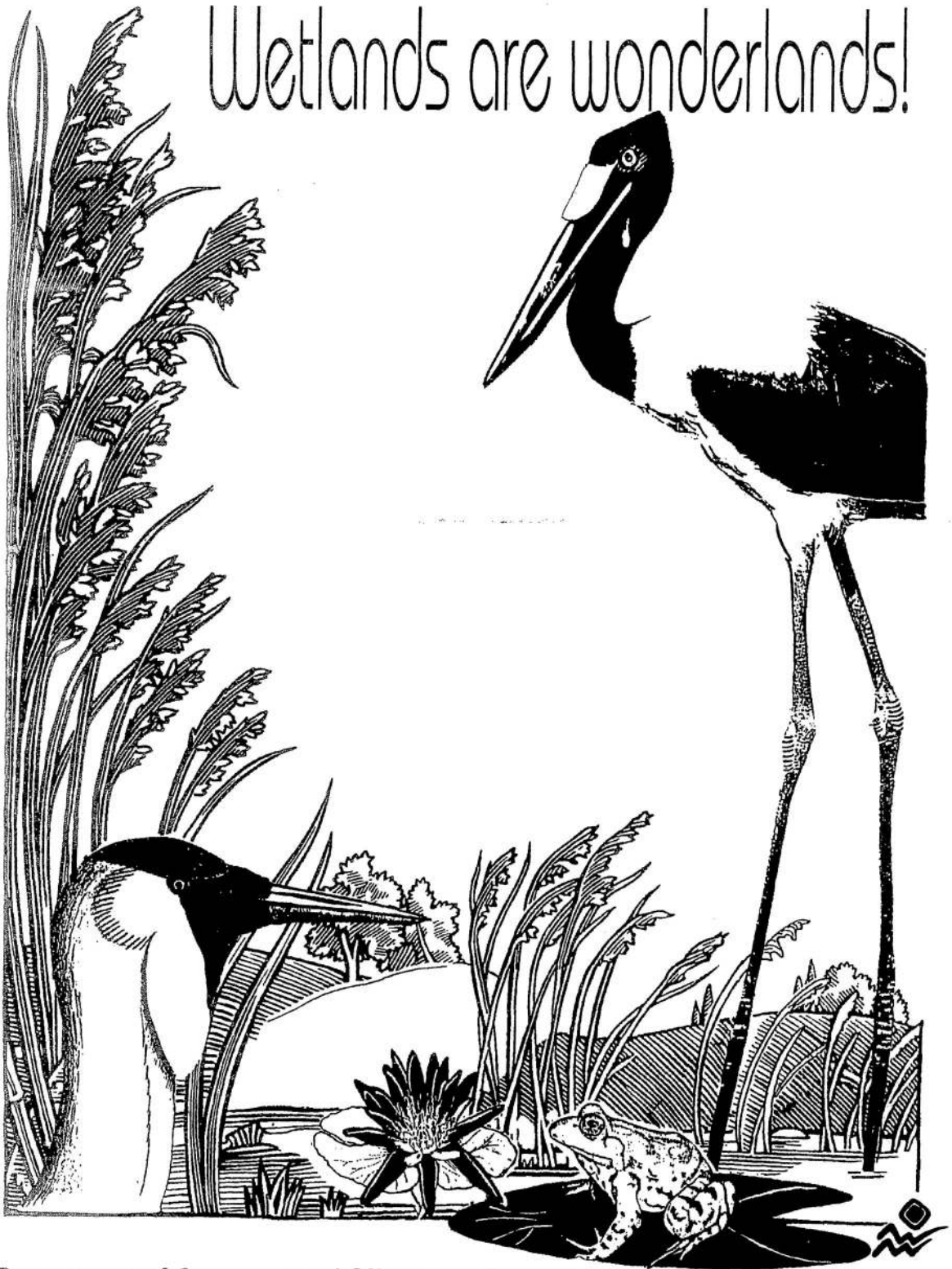
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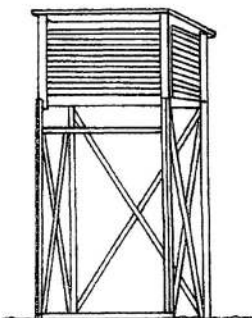
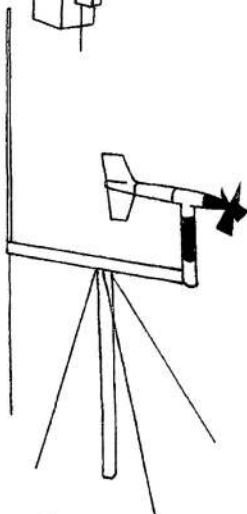
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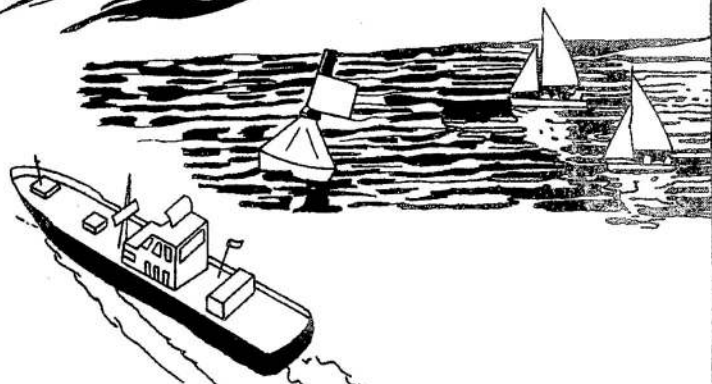
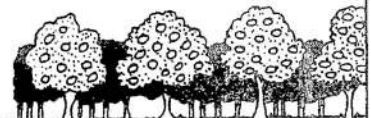
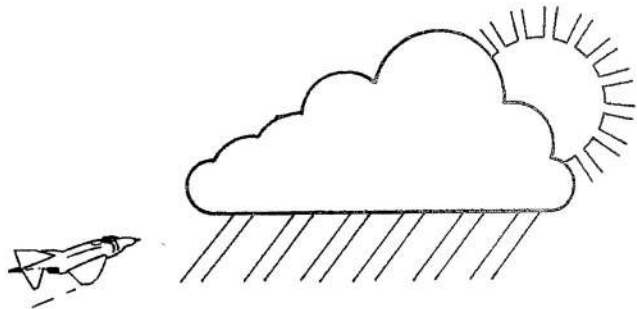
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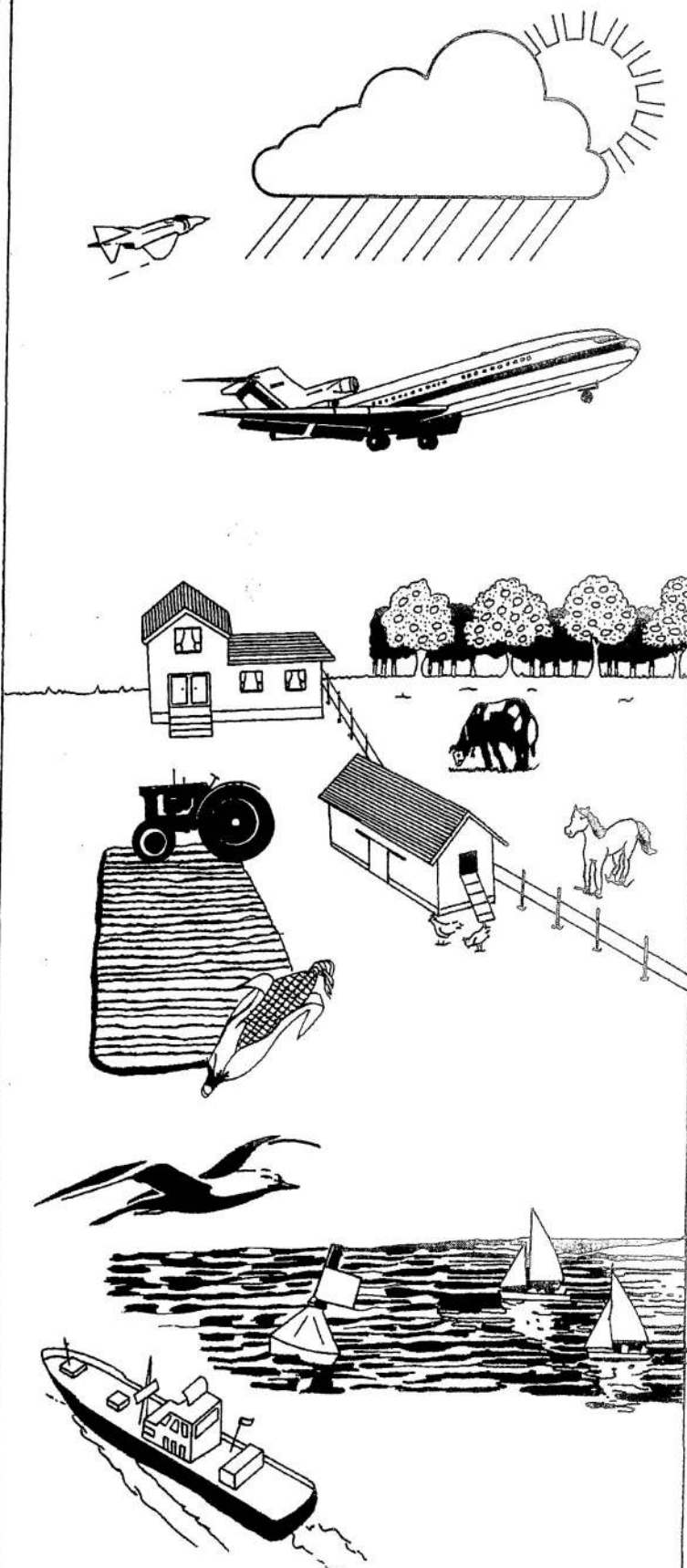
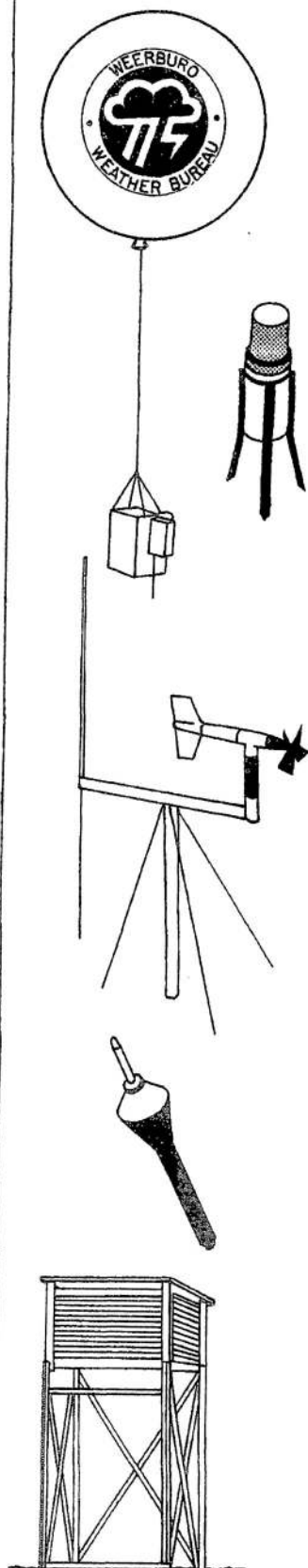
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