

# Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA  
REPUBLIEK VAN SUID-AFRIKA

Vol. 545

Pretoria, 23 November 2010

**No. 33789**

**IMPORTANT NOTICE**

The Government Printing Works will not be held responsible for faxed documents not received due to errors on the fax machine or faxes received which are unclear or incomplete. Please be advised that an "OK" slip, received from a fax machine, will not be accepted as proof that documents were received by the GPW for printing. If documents are faxed to the GPW it will be the sender's responsibility to phone and confirm that the documents were received in good order.

Furthermore the Government Printing Works will also not be held responsible for cancellations and amendments which have not been done on original documents received from clients.

---

**CONTENTS • INHOUD***No.**Page  
No.      Gazette  
         No.***GENERAL NOTICE****Trade and Industry, Department of***General Notice*

1078	National Gambling Act (7/2004): Draft amendment regulations on National Gambling Regulations, 2004: For written comments .....	3	33789
------	--	---	-------

---

---

## GENERAL NOTICE

---

### NOTICE 1078 OF 2010 DEPARTMENT OF TRADE AND INDUSTRY

#### NATIONAL GAMBLING ACT, 2004 1999

#### DRAFT AMENDMENT REGULATIONS ON NATIONAL GAMBLING REGULATIONS 2004

I, Dr Rob Davies, the Minister of Trade and Industry hereby, in terms of section 87 of the National Gambling Act, 2004(Act No. 7 of 2004) and on recommendation of the National Gambling Board, make the amendment regulations in the Schedule.

Interested persons may submit written comments on the proposed regulations by 02...../ February...../2011 to:

Director-General, Department of Trade and Industry  
Private Bag X84  
Pretoria  
0001  
or  
77 Meintjies Street  
Block B, 1st Floor  
Sunnyside  
Pretoria  
Fax No: 012 394 2504  
Email: MMosing@thedti.gov.za  
For Attention: Mpho Mosing

---

**DR ROB DAVIES (MP)**  
**MINISTER OF TRADE AND INDUSTRY**

**GENERAL EXPLANATORY NOTE:**

- [       ] Words in bold type in square brackets indicate omissions from existing enactments.
- Words underlined with a solid line indicate insertions in existing enactments.

**SCHEDULE****Definitions**

1. In this schedule any word or expression to which a meaning has been assigned in the Act bears the same meaning so assigned, unless the context indicates otherwise;

**“the Act”** means the National Gambling Act, 2004 (Act No. 7 of 2004); and

**“the Regulations”** means the National Gambling Regulations, 2004, published by Government Notice No. R. 1342 of 12 November 2004.

**Amendment of regulation 2 of Regulations**

2. Regulation 2 of the Regulations is hereby amended-
  - (a) by the deletion in sub-regulation (1) of paragraphs (h), (i), (j), (k) and (l);
  - (b) by the substitution for sub-regulation 2 of the following sub-regulation:

“(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 NGB1/1 and shall, at a minimum, contain **[a passport size photograph of that person, and]** that person’s particulars as listed in sub-regulation (1);
  - (c) by the deletion in sub-regulation (3) of paragraph (e);

(d) by the substitution for sub-regulation (4) of the following sub-regulation:

"(4) Within seven days after receiving a notice contemplated in sub-regulation (2) or (3), Board shall capture the form in the register of excluded persons as established and maintained in terms of section 65(1)c)(i) of the Act and which all provincial licensing authorities and licensed gambling operators shall have access to, and the Board shall transmit a copy of the notice to all licence holders and provincial licensing authorities.

(e) by the substitution of sub-regulation (6) of the following sub-regulation:

"(6) A notice contemplated in sub-regulation (2) or (3) shall take effect **seven (7) days** after the date on which the information is submitted to the provincial licensing authorities and licensed gambling operators by the Board **[upon the date of written confirmation of receipt contemplated in sub-regulation (5)].**";

(g) by the addition after paragraph (c ) of sub-regulation (7) of the following paragraph:

"(d) to submit as part of the internal control procedures for approval, 60 days after coming into operations of these regulations, to the Board, measures to be implemented by licensed operators, to effectively enforce exclusion measures within gambling venues to satisfactorily control non participation on gambling activities by people registered in the exclusion database".

---

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

---

**INSTRUCTIONS**

NGB Form 1/1 is prescribed for the 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 NGB 1/2 Form as contemplated in Regulation 2(3).

***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 Meintjies St.

Sunnyside 0002.

Private Bag X27, Hatfield, 0028.

Republic of SOUTH AFRICA

Tel: (012) 394 3800

Fax: 394 4800

e-mail: [info@ngb.org.za](mailto:info@ngb.org.za)

website: [www.ngb.org.za](http://www.ngb.org.za)

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

**FORM NGB1/1****APPLICATION TO BE INCLUDED IN THE NATIONAL REGISTER OF EXCLUDED  
PERSONS**

Applicant to the Voluntary Exclusion Programme, is encouraged to utilize (or continue to utilize) the free treatment service for people who have a problem with gambling. The National Responsible Gambling Programme (NRGP) promotes responsible gambling behavior and thus offers treatment to those afflicted by problem gambling.

The National Gambling Programme offers:

- a) a toll free helpline 24 hours a day (0800 066 008)
- 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 gambling areas nationally.

.....  
**APPLICANT'S SIGNATURE**

...../...../.....  
**DATE**

**APPLICATION FOR PLACEMENT ON THE NATIONAL REGISTER  
OF EXCLUDED PERSONS: (TO BE COMPLETED BY THE OFFICIAL ASSISTING IN  
COMPLETION OF THIS APPLICATION)**

**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 visibly under the influence of any alcoholic beverages that would prevent her / him from making a rational and informed decision regarding whether or not to execute this application? (if the answer is “yes” terminate the interview and re-schedule the interview). Yes.... (Follow up date: ...../...../.....) No....
- Establish whether the applicant is completing the form in his / her own free will. (if the answer is “no” terminate the interview, as the applicant is not eligible for placement on the National Register of Excluded Persons) Yes... (If Yes Motivation: ..... )No....
- Print the answers to questions in **black** ink.
- Initial with the applicant all pages in the bottom right-hand corner.
- Does the applicant’s employment require that they enter designated gambling areas? Yes.... No.... if yes, please furnish proof:  
Employer: .....  
Job title/description: .....  
Location(s) at which access is needed: .....
- Attach a copy of the applicant’s driver’s license or identification documentation.

I, .....  
(full names and identity number of applicant)

hereby apply to the Board to be added to the National Register of Excluded Persons for exclusion from designated gambling areas.



**DETAILS OF THE APPLICANT**

<b>FULL NAMES:</b>			
<b>DO YOU HAVE ANY OTHER NAMES OR ALIASES    YES.....    NO.....</b>			
<b>IF YES, LIST THESE NAME 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>	MALE ..... FEMALE .....		

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

**QUESTIONNAIRE TO BE ANSWERED BY THE APPLICANT**

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 will be unable to gamble?
3	Yes	No	Do you understand that the licence holder / Regulatory Authority recommend that you seek free treatment with the National Responsible Programme?
4	Yes	No	Do you understand that if you are placed on the National Register for Excluded Persons, it will be your responsibility to stay out of designated gambling areas?
5	Yes	No	Do you understand that, notwithstanding the provision contained in the legislation, according to the terms of the application before you, it is your responsibility not to enter designated gambling areas?
6	Yes	No	Do you understand that, if you complete the application form, the consequences of you being discovered in designated gambling areas is that you will be arrested for trespassing?
7	Yes	No	Do you understand that, if you complete the application form, a further consequence of you being discovered in a designated gambling area is that you will not be eligible to win a gambling game and thereafter you will be denied winnings you may attempt to claim while visiting designated gambling areas?
8	Yes	No	Do you understand that by completing the application, 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 provision 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 by releasing the information in your application to the licence holder / regulatory authority may result in your being denied service at designated gambling 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 by completing the application, you are requesting to be placed on the National Register for Excluded Persons and that such placement is valid until such time that an application to revoke the exclusion has been received and approved?
12	Yes	No	Do you understand that you are agreeing to stay off all designated gambling areas until approval to revoke the exclusion is granted, and the consequence of you violating this agreement is that you will be arrested for trespassing and you will forfeit all winnings in your possession at the time of your arrest?

**I acknowledge/accept that I have answered the above questions truthfully and fully understand the implications of my applications to be placed in the national excluded register.**

...../...../.....  
(Signature of applicant) (Date)

...../...../.....  
WITNESS (Date)

SIGNED at .....on this ..... Day of .....

**Waiver/Release**

I, .....  
 (Full name and identity number of the applicant)

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

I also understand that my presence in designated gambling areas constitutes trespassing and the licence holder will request that I be arrested for such. Moreover, I understand that by filing an application for placements on the National Register for Excluded Persons and by signing this Waiver/Release, I agree that I am not eligible to place 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 gambling area. By signing this release and acknowledging of 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 and 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 for Excluded Persons, will submit a plan for approval to the Board for removing my name from all mailings 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 exclusions and or problem gambling issues.

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

.....  
**APPLICANT**

.....  
**WITNESS**

**SIGNED at .....** **on this .....** **day of.....**

(a) I have positively confirmed the identity of the applicant utilising  
.....(FILL IN)

(b) The applicant has signed the above form in my presence.

(c) When signing the application:

- (i) the applicant appeared to do so voluntarily and without duress;  
and
- (ii) the applicant appeared to be in his/her sober senses.

<b>DESIGNATION:</b>		<b>INTERPRETER:</b>	
<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>	

[illegible]