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
2nd Floor, Building E, Uzuaji
77 Meintjie St.
Sunnyside 0002
Private Bag X27, Hatfield,
0028. Republic of S.A.
Tel: (012) 394 3800
Fax: (012) 394 4800
e-mail: info@ngb.org.za
website: www.ngb.org.za

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: __________________________

FORM NGB 82
PHOTOGRAPH

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

Date of photograph / / 

The attached photograph is a true resemblance of:

____________________________
Name of applicant

(To be certified by a Commissioner of Oaths)

PERSONAL DECLARATION

Note: For purposes of this appendix “partner” shall mean the declarant’s spouse or any other person with whom the declarant is living as a couple

A. PERSONAL INFORMATION

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

SIGNATURE: ________________________________
<table>
<thead>
<tr>
<th></th>
<th>Date of birth</th>
<th>Place of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(City, province and country)</td>
</tr>
<tr>
<td>8</td>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Business Telephone</td>
<td>Home Telephone</td>
</tr>
<tr>
<td></td>
<td>Fax Number</td>
<td>Mobile number</td>
</tr>
<tr>
<td>10</td>
<td>Physical description</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Height</td>
<td>Weight</td>
</tr>
<tr>
<td>12</td>
<td>Country / countries of which you are a citizen</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Details of changes of nationality (where applicable)</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Marital status</td>
<td>Date and Place of marriage</td>
</tr>
<tr>
<td>15</td>
<td>Full names of partner</td>
<td>Partner’s maiden name (where applicable)</td>
</tr>
<tr>
<td>16</td>
<td>Date and Place of birth of partner</td>
<td>Partner’s occupation</td>
</tr>
</tbody>
</table>

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):

*If space is insufficient, supply information on attachment page*

<table>
<thead>
<tr>
<th>Current full names</th>
<th>Maiden surname (where applicable)</th>
</tr>
</thead>
</table>

Current address

SIGNATURE: ____________________________

FORM NGB 8/2
<table>
<thead>
<tr>
<th>No.</th>
<th>Question/Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Full names of father</td>
</tr>
<tr>
<td></td>
<td>Occupation</td>
</tr>
<tr>
<td>21</td>
<td>Full names of mother</td>
</tr>
<tr>
<td></td>
<td>Occupation</td>
</tr>
<tr>
<td>22</td>
<td>Details of brothers and sisters, including half/step brothers and sisters:</td>
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<tr>
<td></td>
<td>Full Names</td>
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<td>23</td>
<td>Details of children, including step or adopted children:</td>
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<td>Full Name</td>
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<td>24</td>
<td>Are you or any of your children and stepchildren beneficiaries of any trust</td>
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<td></td>
<td>If so, give details on a separate attachment page</td>
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<tr>
<td>25</td>
<td>Educational details:</td>
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<td></td>
<td>Highest level of education attained and Year completed</td>
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<tr>
<td></td>
<td>Name of last educational institution attended</td>
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<td></td>
<td>Professional qualifications</td>
</tr>
<tr>
<td>26</td>
<td>Passport information</td>
</tr>
<tr>
<td></td>
<td><em>(to be completed by or on behalf of Declarant’s partner also)</em></td>
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<td></td>
<td>Passport 1</td>
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</table>

**SIGNATURE:** ____________________________

FORM NGB 8/2
### Passport number

### Country

### Place of issue

### Date of issue

### Date of expiry

#### 27 Criminal Offences:

<table>
<thead>
<tr>
<th>Nature of offence</th>
<th>Province and Country</th>
<th>City/Town</th>
<th>Date of offence</th>
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<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Result of court case or hearing</th>
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</table>

#### 28 Residences: List all addresses at which you have been permanently resident over the last 5 years beginning with your current address and working backwards.

<table>
<thead>
<tr>
<th>Month and year (From - To)</th>
<th>Street and Number</th>
<th>Suburb</th>
<th>City</th>
<th>Province and Country</th>
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</table>

#### 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)

<table>
<thead>
<tr>
<th>Month and year (From - To)</th>
<th>Name and postal address of employer/business</th>
<th>Reason for leaving</th>
</tr>
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<tbody>
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</tbody>
</table>

**SIGNATURE:** ___________________________
<table>
<thead>
<tr>
<th>Job Title</th>
<th>Description of duties</th>
<th>Contact person</th>
</tr>
</thead>
</table>

(b)

<table>
<thead>
<tr>
<th>Month and year (From - To)</th>
<th>Name and postal address of employer/business</th>
<th>Reason for leaving</th>
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<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Description of duties</th>
<th>Contact person</th>
</tr>
</thead>
</table>

(c)

<table>
<thead>
<tr>
<th>Month and year (From - To)</th>
<th>Name and postal address of employer/business</th>
<th>Reason for leaving</th>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Description of duties</th>
<th>Contact person</th>
</tr>
</thead>
</table>

If additional space is needed, use an attachment page.

SIGNATURE: ___________________________
30

(a) Have you ever been suspended/asked to resign or dismissed in any employment? If yes, provide details below:

(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.

*(If space is insufficient, use an attachment page)*

(c) 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?

*(If space is insufficient, use an attachment page)*

31 Personal references

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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Surname</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>First names</td>
</tr>
<tr>
<td></td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td>Occupation</td>
</tr>
<tr>
<td></td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

SIGNATURE: ____________________

FORM NGB 8/2
Years known

(b) Surname
First names
Address

Occupation
Telephone Numbers
Years known

(c) Surname
First names
Address

Occupation
Telephone Numbers
Years known

32 Professional / Ethical history
(to be completed by or on behalf of Declarant’s partner also)

(a) List present and past membership (within the past five years) of professional bodies.

<table>
<thead>
<tr>
<th>Body</th>
<th>Period</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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) 
*(If insufficient space, use attachment page)*

If “yes”, provide details:

(e) 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:

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Total amount owing R</th>
<th>Total amount in default R</th>
<th>Number of days overdue</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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: ___________________
36 Financial information:
(to be completed by or on behalf of Declarant’s partner also)

(a) Have you ever been declared insolvent or placed under any administration order?
If “yes”, provide details:

(b) Do you control, manage or hold in trust for another person, any assets or liabilities?
If “yes”, provide details:

(c) Income tax reference number and date of registration
VAT reference number and date of registration
Revenue office where registered
Attach tax clearance certificate

(d) 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:

(e) Amount invested/to be invested in the applicant business and the percentage of ownership this will represent:

SIGNATURE: __________________________

FORM NGB 8/2
(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?

<table>
<thead>
<tr>
<th>If “yes”, provide full particulars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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: ____________________
INSTRUCTIONS

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

This form has 06 pages (including this page)

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
2nd Floor, Building E, Uuzaji
77 Meintjie St.
Sunnyside 0002
Private Bag X27, Hatfield,
0028. Republic of S.A.
Tel: (012) 394 3800
Fax: (012) 394 4800
e-mail: info@ngb.org.za
website: www.ngb.org.za

FORM NGB 5/1(d)

APPLICATION FOR RENEWAL OF BUSINESS ENTITY LICENCE

Full Names of Applicant_______________________________________

SIGNATURE OF AUTHORISED REPRESENTATIVE_____________________

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

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.

2. Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information required, your application may be rejected.

3. If a question does not apply to you, write “N/A” (for “Not Applicable”) in the space provided. If there is nothing to disclose about a particular question, write “None” in the space provided. If an alteration is made to an answer, sign in full next to the alteration.

4. All answers on this form, except signatures, must be typed or neatly printed in black ink. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.

5. This application form must be completed by the applicant or a person designated by the applicant.

6. The original completed application form and all the additional required information plus one copy of all pages, including all supporting documentation, must be submitted.

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

8. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.

9. All dates must be in the format: Day / Month / Year.

________________________________________
SIGNATURE: ______________________________

FORM NGB 5/1(d)  Page 2 of 6
RENEWAL INFORMATION

1. DETAILS OF ENTERPRISE

NAME OF ENTERPRISE*

* Name as appears on the certificate of incorporation or as reflected on the official of incorporation thereof, partnership agreement, other official document etc. DO NOT ABBREVIATE.

TRADE NAME(S) (IF ANY)

Person to be contacted in reference to this form:

NAME

DESIGNATION

TELEPHONE NO (INCLUDE AREA CODE)

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 conducting any business as part of an agreement with a licensee.

STREET LOCATION (NUMBER/STREET)

CITY

PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE NO. LOCATION (INCLUDE AREA CODE)

SIGNATURE: ________________________
TAX STATUS OF APPLICANT

TAX REFERENCE NO:

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

2. DURING THE PAST 12 MONTHS, HAS THE APPLICANT, OR ANY PERSON HOLDING AN INTEREST IN THE APPLICANT, BECOME DISQUALIFIED FROM HOLDING THIS LICENCE, AS CONTEMPLATED IN SECTION 50 OF THE ACT?

YES ☐ NO ☐

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

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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

YES ☐ NO ☐

If Yes, complete the table below:

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>NATURE OF NON-COMPLIANCE</th>
<th>DATE OF CHARGE</th>
<th>OUTCOME (ACQUITTED, CONVICTED, DISMISSED, ETC)</th>
<th>SENTENCE</th>
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</table>

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

YES [ ] NO [ ]

If Yes, provide details:

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</tbody>
</table>
AFFIDAVIT

I, ________________________________

(Full names)

Hereby-

(a) declare that –

(i) I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the National Gambling Act, Act 7 of 2004;

(ii) I am the person identified in this form and have been duly authorised by the Applicant to provide all the information contained herein, and

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

(b) certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

SIGNATURE OF DEPONENT

I certify that:

The Deponent has acknowledged that:

(i) He/She knows and understands the contents of this declaration:

(ii) He/She has no objection to taking the prescribed oath, and

(iii) He/She considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn to before me at _____________________ on this ___ day of ____________________

COMMISSIONER OF OATHS

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

__________________________

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

This form has 06 pages (including this page)

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
2nd Floor, Building E, Uuzaji
77 Meintjie St.
Sunnyside 0002
Private Bag X27, Hatfield,
0028. Republic of S.A.
Tel: (012) 394 3800
Fax: (012) 394 4800
e-mail: info@ngb.org.za
website: www.ngb.org.za

FORM NGB 5/1(e)
APPLICATION FOR RENEWAL OF EMPLOYMENT 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:____________________________

FORM NGB 5/1(e)
APPLICATION INSTRUCTIONS

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.

2. Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information and documents required, your application may be rejected.

3. If a question does not apply to you, write “N/A” (for “Not Applicable”) in the space provided. If there is nothing to disclose about a particular question, write “None” in the space provided. If an alteration is made to an answer, sign in full next to the alteration.

4. All answers on this form, except signatures, must be typed or neatly printed in black ink. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.

5. This application form must be completed by the applicant.

6. The original completed application form and all the additional required information plus one copy of all pages, including all supporting documentation, must be submitted.

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

8. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.

9. All dates must be in the format: Day / Month / Year.

SIGNATURE: ________________________

FORM NGB 5/1(e)


# RENEWAL INFORMATION

## 1. APPLICANT

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Maiden (If applicable)</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
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</table>

Other names you have used or use, or by which you have been or are known

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>/</th>
<th>/</th>
<th>Place of birth</th>
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</table>

ID no

Social Security no

Passport no

Date of issue

Country of Citizenship

Place of issue

Details of all legal name changes

Home address

<table>
<thead>
<tr>
<th>Suburb</th>
<th>Postal code</th>
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</tbody>
</table>

Town/City

Country

Telephone no (home)

Fax no

Cell phone no

E-mail address

Current business address

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<thead>
<tr>
<th>Suburb</th>
<th>Postal code</th>
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</tbody>
</table>

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

SIGNATURE: ______________________

FORM NGB 5/1(e)  Page 3 of 6
3. **DURING THE PAST 12 MONTHS, HAVE YOU BECOME DISQUALIFIED FROM HOLDING THIS LICENCE IN TERMS OF SECTION 49 OF THE ACT?**

   YES [ ] NO [ ]

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

   YES [ ] NO [ ]

   If Yes, complete the table below:

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>NATURE OF NON-COMPLIANCE</th>
<th>DATE OF CHARGE</th>
<th>OUTCOME</th>
<th>DISPOSITION (AQUITTED, CONVICTED, DISMISSED ETC.)</th>
<th>SENTENCE</th>
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</table>

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

   YES [ ] NO [ ]

   If Yes, provide details

<table>
<thead>
<tr>
<th>DATE OF INSTITUTION OF PROCEEDINGS</th>
<th>CASE NUMBER</th>
<th>DETAIL OF THE PARTIES</th>
<th>NATURE OF CLAIM</th>
<th>QUANTUM OF THE CLAIM</th>
<th>CURRENT STATUS OF THE CASE</th>
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SIGNATURE: __________________________

FORM NGB 5/1(e)
6. **TAX STATUS OF APPLICANT**

**TAX REFERENCE NO:**

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

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

   YES ☐  NO ☐

   If Yes, provide details:

<table>
<thead>
<tr>
<th>DATE OF INSTITUTION OF PROCEEDINGS</th>
<th>CASE NUMBER</th>
<th>DETAIL OF THE PARTIES</th>
<th>NATURE OF CLAIM</th>
<th>QUANTUM OF THE CLAIM</th>
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</table>

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

   YES ☐  NO ☐

   If Yes, provide details:

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   SIGNATURE: __________________________
AFFIDAVIT

I, ________________________________

(Full names)

Hereby -

(a) Declare that -

(i) I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the National Gambling Act, Act 7 of 2004;

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

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

(b) Certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

SIGNATURE OF DEPONENT

I certify that:

The Deponent has acknowledged that:

(i) He/she knows and understands the contents of this declaration:

(ii) He/she has no objection to taking the prescribed oath, and

(iii) He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn to before me at ______________________ on this ____ day of ______________________, 20__.

_____________________________________

COMMISSIONER OF OATHS

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

_____________________________________

SIGNATURE: _________________________
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
2nd Floor, Building E, Uzazi
77 Meintjie St.
Sunnyside 0002
Private Bag X27, Hatfield, 0028
Republic of S.A.
Tel: (012) 394 3800
Fax: (012) 394 4800
e-mail: info@ngb.org.za
website: www.ngb.org.za

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
2nd Floor, Building E, Uitzig
77 Meintjie St.
Sunnyside 0002
Private Bag X27, Hatfield, 0028.
Republic of S.A.
Tel: (012) 394 3800
Fax: (012) 394 4800
e-mail: info@ngb.org.za
website: www.ngb.org.za

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)
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
2nd Floor, Building E, Uitzijl
77 Meintjie St.
Sunnyside 0002
Private Bag X27, Hatfield, 0028.
Republic of S.A.
Tel: (012) 394 3800
Fax: (012) 394 4800
e-mail: info@ngb.org.za
website: www.ngb.org.za

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 PROBITY REGISTER FORM
(CORPORATE ENTITY)

<p>| | |</p>
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<tbody>
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<td>To:</td>
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<tr>
<td>2.</td>
<td>Name of Entity:</td>
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<tr>
<td>3.</td>
<td>Former Names:</td>
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<td>4.</td>
<td>Entity Registration No:</td>
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<tr>
<td>5.</td>
<td>V.A.T Registration No:</td>
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<td>6.</td>
<td>Director’s Names: (a)</td>
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<td>(b)</td>
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<td></td>
<td>(c)</td>
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<td>7.</td>
<td>Physical Address of the Entity:</td>
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<td>8.</td>
<td>Registration Status:</td>
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<tr>
<td>9.</td>
<td>Licence applied for:</td>
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<tr>
<td>10.</td>
<td>Application Status (Approved or rejected):</td>
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<td>a. If approved, Reasons for Approval:</td>
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<td>b. If rejected, Reasons for Rejection:</td>
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<td>11.</td>
<td>Jurisdiction where application made:</td>
</tr>
<tr>
<td>12.</td>
<td>Date of Application:</td>
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<td>13.</td>
<td>Any other information deemed necessary to be included, including detail of transferee, where applicable:</td>
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</table>

**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)
### INSTRUCTIONS

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

Attach Pobility Reports and any other applicable information.

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

---

**National Gambling Board**

*a member of the dti group*

**FORM NGB 7/2**

**NATIONAL PROBITY REGISTER FORM**

**(EMPLOYEES)**

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

---

**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 be closed on the 22\textsuperscript{nd} and 23\textsuperscript{rd} November 2004 for stocktaking purposes.

Thank you