

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
2nd Floor, Building E, Luza
77 Meinjie 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



**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: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

APPLICATION INSTRUCTIONS

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

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

SIGNATURE: _____

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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: _____

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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 _____ / _____ / _____

ID 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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5. ACADEMIC INFORMATION

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

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

(Attach certified copies of all tertiary qualifications obtained)

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

Yes ☐

No ☐

If "yes", complete the following table:

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

6. EMPLOYMENT INFORMATION

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

SIGNATURE: _____

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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: _____

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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: _____

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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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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: _____

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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.

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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: _____

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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.

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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

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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: _____

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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 accounts	Balance of account as at	If closed, reason for closing & the destination of the proceeds

SIGNATURE: _____

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

25. MONTHLY INCOME & EXPENDITURE STATEMENT

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

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

26. STATEMENT OF ASSETS AND LIABILITIES

DATE OF STATEMENT _____ / _____ / _____

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

SIGNATURE: _____

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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: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

SCHEDULE A
ACCOUNTS / MONIES RECEIVABLE / TAX OVERPAID

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

SIGNATURE: _____

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**SCHEDULE B
BANK ACCOUNTS**

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

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

SIGNATURE: _____

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SCHEDULE C
CREDIT CARD ACCOUNTS

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

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

SIGNATURE: _____

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NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

SCHEDULE D
PERSONAL AND HOUSEHOLD EFFECTS

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

SIGNATURE: _____

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SCHEDULE E
LISTED INVESTMENTS (SHARES AND BONDS/STOCKS)

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

SIGNATURE: _____

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SCHEDULE F
NON - LISTED INVESTMENTS

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

SIGNATURE: _____

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**SCHEDULE G
PROPERTY**

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

SIGNATURE: _____

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SCHEDULE H
INSURANCE POLICIES

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

SIGNATURE: _____

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**SCHEDULE I
UNIT TRUSTS**

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

SIGNATURE: _____

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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
APPLICANT:							
SPOUSE							

SIGNATURE: _____

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SCHEDULE K
BONDS/MORTGAGES PAYABLE

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

SIGNATURE: _____

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SCHEDULE L
HIRE PURCHASE ACCOUNTS PAYABLE

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

SIGNATURE: _____

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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)
APPLICANT:								
SPOUSE:								

SIGNATURE: _____

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SCHEDULE N
OTHER LIABILITIES PAYABLE

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

SIGNATURE: _____

FORM NCB 5/1(6)

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
APPLICANT:							
SPOUSE	MINOR CHILDREN:						

SIGNATURE:

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SCHEDULE P
CONTINGENT LIABILITIES

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

SIGNATURE: _____

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NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

AFFIDAVIT

I, _____,

(Full names)

hereby:

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

Signed at _____ on this _____ day of _____ 19 _____

(Signature)

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

SIGNATURE: _____

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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 ____ / ____

ID 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;

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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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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: _____