ELITATIVE MENTALISMENT		7
INSTRUCTIONS This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations,	NGB	
2004	National	
This form has 17 pages	Gambling Board	T-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C
(including this page)	a member of the dtl group	
The same form must be	FORM NGB 5/1(b)	
completed, where applicable when applying for renewal of	APPLICATION FOR KEY EMPLOYEE LICENCE	
licence.	(PERSONAL HISTORY DISCLOSURE)	
The jee prescribed in Schedule 1 of the Regulations is payable on		-
submission of this application	Full Names of Applicant:	
Contacting the National	Employer:	
Gambling Board		
National Gambling Board The dit Campus	a sa rasan sa	Maritimate State (1984) All the control of the cont
2 rd Floor, Building E. Tuzaji 77, Meintjie St		
Sunnyside 0002 Private Bag X27, Hatfield, 0028		
Republic of S.A. Tel: (012) 394 3800		
Fax: (012) 394 4800 e-mail: <u>info@ngb.org.za</u>		
website: www.ngBiorg.za		
	A TOPE FOR A SUPPLY OF CASE A PARTY.	,
	APPLICANT'S SIGNATURE	
	DATE	
This form is prescribed by the Minis	over of Trade and Industry in terms section 38(3) of the National Gambling Act, 2004	
(Act No. 7 of 2004)	The second section sec	
All correspondence to be The Chief Executive Office	addressed to:	
Provincial Licensing Auti	nority's Postal Address	
PLA'S CONTACT DETA	•	
Telephone no:	1123.	
Fax no:		
		- Militin Marien Indonesia (Marien Marien Ma
SIGNATURE:		

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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.

- Read these instructions and every question carefully before answering and follow any specific instruction which
 may be given in respect of certain questions.
- 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.
- 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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	First	Middle Maiden (If applicable) Surname	
Other		e, or by which you have been or are known	
Date o	f birth/	/ Place of birth	
I D no		Social Security no	
Passpo	rt no	Date of issue//	
		Place of issue	
(Attac	h certified true copies of :	all pages of I D document)	
Details	of all legal name changes		
Home	address		
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Town/0	City	Country	
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		Postal code	
Fown/C	City	Country	
reiepho		Fax no_/	
) K T	PHOTOGRAPH		
	Please note:	Date of photograph//	
	1. Your name and address must be printed on the back of the	The attached photograph is a true resemblance of:	
	photograph. 2. Photograph must be taken not more than 1 month before	Name of applicant	
	submission of this application. 3. Do not paste the photograph onto this form. Please use a	(To be certified by a Commissioner of Oaths)	

3.	CITIZENSHIP
l am:	- a native-born citizen of the Republic of South Africa Yes No
	- a naturalised citizen of the Republic of South Africa Yes No
	- a foreign national on a visa or work permit Yes No
	- a foreign national with a permanent residence permit Yes No
If vou a	re 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/
	certified true copies of all the pages of your current passport, and ensure that all visa, work permit ent residence entries are clearly legible)
	The state of the s
4.	FAMILY INFORMATION
POUS	E / COMMON LAW SPOUSE / PARTNER
irst nar	ne Middle name(s) (Maiden name) Surname
Other na	mes used or by which known
treet ad	idress
own/Ci	ityCountry
ate of l	birth/ Place of birth
ate of r	narriage / Commencement of current relationship / /
D no_	Social security no
urrent/	last employer
	of employer
FILL DA	REN (Attach additional page with copies of identity documents and set out relationship and employments
	as well as details of all trust of which the child is a beneficiary, where applicable. Also attach addition
	ion if more certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question)
·····	ing it may be considered to be an a second in the poets of an a considered in companies to this direction)
rana 1	ridr.
KCTIVA.	TURE:
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5.	ACADEN	AIC INI	ORM/	ITION
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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 :	Name and address of 🌲	- »Last grade/standard/ term : : ::	Degree or certificate obtained
(Yr to Yr)	academic institution	attended	
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			Name of the state
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 Have you ever been suspended or expelled from any academic institut 	5.2.	Have you ever been	suspended of	r expelled from	any academic institutio
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Yes

No

If "yes", complete the following table:

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

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:			
FORM NGB 5/1(b)	•	Page 5 of 37	

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	employ	er					
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Attaen a	n employment certific	ate from your.	current employer)				
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		W-7111					
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i F ''Yes",	iave you or your specified by give details in the	yes table below:	Other parties to	No		come of lawsu	•

NATIONAL RI	ESPONSIBLE GAMBLING	PROGRAMME TOL	L FREE 0800 006 008	enquination physiologic sprace (see a second
8.2 Have any civil judgments a	against yourself, spouse	or partner ever bee	n abandoned or rescinded	?
Yes	No			
If "Yes", give details below:				
8.3 Has a civil judgment ever b	been noted or taken agai	nst you in respect	of debt or have you ever b	een listed
by any credit bureau?	·	· · · · · · · · · · · · · · · · · · ·	·	a distribution and the control of th
Yes	No			
If "Yes", give details below:				
-				
9. PARTY TO ANTICIPATE Do you anticipate being which you hold or have he party to a lawsuit?	a party to a lawsuit or	does your spouse st or served as an o	or partner or any business officer or director anticipa	entity in te being a
Yes	No			
If "Yes", provide details below:	•			
10. PREVIOUS LAWSUIT Have you, your spouse o while serving in the capaci	r partner ever been nam			business,
Yes	N∘	-Armstorm		
GIGNATURE:			Priviletisch Mikrosofinisch mit in Mikrosofinisch (CD) beständ deb erkannen der Alle (CD) aus er eine	
FORM NGB 5/I(b)			Page 7 of 37	

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f "` <u>`</u>	Yes", provide details below:	·				
1.	PRIVATE BUSINESS R	ELATIONSHI	PS			
ist	all private business relationsh	ips with which y	you, your spouse	or partner is/are involved	below:	
∂ati ti	es (Yr Name of own pa o Yr) involved	rty Name	of other party involved	Nature of business.	relationship	
						•

•	CRIMINAL OFFENCES Have you ever been arrested of your immediate family (a charged or convicted? Prior	is contemplated to answering th	in Question 4 on is question, care	of this application) ever be efully study the definition	een so arrested,	
	Have you ever been arrested of your immediate family (a	as contemplated to answering the For the purpose mon law and staudes criminal cation to appear in complains.	in Question 4 on is question, care ses of this quest tutory crimes, mases in respect on Court.	of a criminal offence or he of this application) ever be fully study the definition ion: iisdemeanours and felonic of which an admission of	s, regardless of	
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If "Ye	s", complete	the table	below:								
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13.	INVOLVEN	MENT IN	CRIMI	NAL PROC	CEEDINGS			•			
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		Yes			No						
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If"Yes	", complete	the table l	helow								
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SIGNATURE: _

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15.2 Have y	ou ever owned pro	perty or a busi	ness which was	damaged or	destroyed l	y fire?		•	
	3.5		.,						
	Yes		No						
If "Yes", or	rovide details belo	ow including th	he name of the	insurance c	company th	e insurance	hroker th	le.	
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15.3 Have y	ou ever ceded an i	nsurance policy	/?						
	Yes		-74 - co.						
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lf "Yes", pro	ovide details below	, including the	policy number,	to whom ce	ded and for	what reason	٦.		
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	- Carrier of Street at 5 part of the Street at	The state of the s					er v. and room mentioned in wife business		
SIGNATUR	er.								

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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
			·	

		<u></u>		

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 s	Anticipated date of decisions is	Status of
				·

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 laterest/investment	Amount of your & Sinterest/investment #	% ownership in the business entiry	なりには
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patronouniti internati per proprieta de la companya	TIONAL RESPONSIBL	E UAMBLING PROGR	AMME TOLL PREE US	00 006 008
16.4 Provide details anything else of identified in que	value to assist you	of each person or boor your business ent	usiness entity which ity in financing the i	n has provided finance or nvestment(s) or interest(s)
Name & address of	Relationship with applicant	. Nature of finance	Amount of finance	Terms of the advance
person renthy and	appneant 300			

16.5 Will you be ac		the management or	operation of the al	bove entity(ies) currently
	Yes	No		
If "Yes", describe the	extent and nature of	your potential invol	vement:	
				3 - 10 - 70g
	· · · · · · · · · · · · · · · · · · ·			
16.6 Do you hold or whether licensed	have you ever held or unlicensed?	d a financial or an	ownership interest i	in any gambling venture,
	Yes	No		
If "Yes", describe bel	ow every such intere	st:		
17. TAX INFORM 17.1. Have you filed application?		returns for the thre	ee years directly pr	eceding the date of this
	Yes	No		
If "Yes", attach certi resurns covering those clearance certificates	e three years as wel s or the equivalent fro	l as the correspondi om the country of or	ng tax assessments igin.	ng schedules of your tax and attachments or tax
SIGNATURE:			en mandatan er arak i kira seri manang ke arak di di dibi ke	BUTTON
FORM NOR 5/1/h)				Page 12 of 27

	NATION	AL RES	PONSIBLE GAME	LING PROC	RAMME	TOLL FREE 0	800 006 008	
A foreign translation.					must be	accompanie	d by a ce	rtified English
Tax reference	e no			Та	x author	ity location		
If "No", give	an explanati		ow and provide				d balance	sheets for those

17.2 Have yo	u ever, in the	last th	ee years, been g	granted an	extensio	n for renderin	ig a tax retu	ırn?
	Y	es [No			,	
If "Yes", state	the reasons	below:	for the extension					
17.3 Have yo financial	u ever, in th obligations to	e last to any ta	hree years, bee ax authority?	n delinque	nt in su	bmitting any	tax returns	or paying any
	Ye	s [No				
If "Yes", state	reasons belo	ow for	not submitting y	our tax re	urns or 1	the unpaid an	ount and th	ne tax authority
involved.	****					· · · · · · · · · · · · · · · · · · ·		
			***************************************				· · · · · · · · · · · · · · · · · · ·	
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IGNATURE								
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	·			
	RUPTCY/INSOLV			
Have y type of	ou ever been decla bankruptcy or insol	red legally insolvent o vency under any banki	or bankrupt or have you ruptcy or insolvency law	u ever filed a petition for ar w?
2687	Yes [No [
Pate filed	plete the table belov Case number	v and provide a certifi Name & address of court	Name & address of:	py of the court order. Name, address & tel, no of trustee.
			p. et. 1986	e e e e e e e e e e e e e e e e e e e

If rehab	llitated, provide deta	ails and a certified tru	e and legible copy of	the rehabilitation order.
. FAILE	d businesses			
			esses in respect of whiterest of more than 25%	ch you were the owner or th
4				
			· · · · · · · · · · · · · · · · · · ·	
	CTORSHIPS rships currently or p	previousiv held:		
Oate (Yrto)		mpany Registered i		
(18 Rev. 24-197	MODEL SALES IN CONTRACTOR AND ADMINISTRATION OF THE SALES AND	CO 50.7. THE SECTION OF THE SECTION	A STATE OF THE STA	

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of 200 should having a group of springers	N/	ATIONAL RESPONSIBLE	GAMBLING PROGRAM	ME TOLL FREE 0800 00	O VVO	Marine of trigition of
]
22. F	FOREIGN A	CEPTE				
		rol any assets or liabili	ities outside vous oour	try of residence?		
<i>50</i>	own or com	Yes	No	Liy of residence:		
f "Yes Liabilit				provided with the Sta	tement of Assets and	
					·	×
3. C	CONTROL	OF ASSETS				
D	o you contro	l, manage or hold in to	rust any assets or liab	lities for any other per	rson or entity?	
		Yes	No	A The same of the same	Soli of Gilly!	to a gran, niver vigilinga, o William resigna, .
	st audited I			ate whether you are	•	
4. B	ANK ACCO	DUNTS				
H: sp	ave you or y	your spouse opened or or in the name of any date of this application	entity which you or y	ount which was issue our spouse controlled	d in your name, your during the five years	
				YesNo		
		de details below:				
)ate op	ened/closed	Bank & branch where account was opened/elosed	Name & no. of	Balance of accounts	If closed, reason for closing it the destination of the	
. A (12.KE)					proceeds.	

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CALANT I						

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.

TNOOME			
INCOME Salary (net) / Drawings	CARRENCANI	SPOUSE	HOUAL
Fees (Directors / consultancy)			
Rental received			
Interest			
Dividends			
Repayments of loans			
Other income (specify)			
TOTAL INCOME (A)			
EXPENDITURE	APPLICANT	SPOUSE	ΤΟΤΑΣ
Alimony (if applicable)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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

DA	TE OF STATEMENT		
L	Rand amounts as on the	ets, both tangible and intangible date of this statement. The stat se months of the date of this app	e, in the appropriate spaces below. Enter only ement date must be as recent as possible, bu elication.
SIC	ENATURE:		The Control of the Co
FOR	M NGB 5/1(h)		Page 16 of 37

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.

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SCHEDULE A

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Collateral held	bt			A Action	The state of the s	OPPORTUNITION OF THE PROPERTY					-
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70	***************************************										٦
Origin of debtor	ınt										
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Maturity date											
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Monthly	repayments								· 3		
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Payment	period										
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	*						***************************************	2001 2001 1001 1001			
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Name & address of	for	<u>;;</u>									
ಷ . ಪ್ರ	debtor	APPLICANT:						E:	The Control of the Co		
Nam	i	PPL,				.	;	SPOUSE:			
		A						S			

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SCHEDULE B

BANK ACCOUNTS

	Name & address of	Mame(s) of person(s)	Account no	Type of	Date	Interest	Interest	Interest	Credit balance*	Debit
	financial institution	appearing on account		account	opened	rate (%)	received	paid	as at	balance* as
SPOUSE ANNOR CHALBREN: * REFLECT ETHER A CUESIT OR A BERIT BALANCE AS AT THE DATE OF THE APPLICATION.	APPLICANT:									at
SPOUSE WINOR CHILDREN: **REFLECT EITHER A CHEATE BALANCE AS AT THE DATE OF THE APPLICATION.										
SPOUSE MENOR CHILDREN: * REFLECT EITHER A CHEMIT BALANCE AS AT THE DATE OF THE APPLICATION.			The state of the s			T MANAGEMENT AND THE STREET AND THE	All Park and a second a second and a second and a second and a second and a second			
SPOUSE MINOR CURLEREN: **REFLECT RITHER A CRESHT OR A DERIT BALANCE AS AT THE DATE OF THE APPLICATION.				The state of the s						
* REFLECT EITHER A CRESHT OR A BEBIT BALANCE AS AT THE DATE OF THE APPLICATION.	SPOUSE	KINDR CHLEREN:								
* REFLECT EITHER A CRESHT OR A SERIT BALANCE AS AT THE DATE OF THE APPLICATION.	Company and Compan		And the second section of the second section of the second section of the second section secti							
* REFLECT EITHER A CRESSIT OR A STREE AS AT THE DATE OF THE APPLICATION.		The state of the s				v				
* REFLECT EITHER A CHEBIT OR A BERIT BALANCE AS AT THE DATE OF THE APPLICATION.										
	* REFLECT ELTHER A	CREST OR A DEBT BAL	INCE AS AT THE	DATE OF TH	E APPLICA	CTION.				

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CREDIT CARD ACCOUNTS SCHEDULE C

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Account number Expi						The state of the s
Name appearing on card				TO THE REAL PROPERTY OF THE PR	The second secon	
institution						
card (Visa etc)	APPLICANT:	and the second s	SPOUSE:	Valuation of the state of the s		

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and Samuel applications

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PERSONAL AND HOUSEHOLD EFFECTS SCHEDULE D

Other assets	FILLERS CONTRACTOR	Date of purchase	Current market value (not	Other information pertaining to
- Investment of the second of		* ***	insurance values)	these assets
APPLICANT:				
SPOUSE:				
		en e		
The second secon			,	

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LISTED INVESTMENTS (SHARES AND BONDS/STOCKS) SCHEDULE E

	Current market value															
***************************************	Name in which	registered											The second secon			
	Date of purchase											· 4		, vá.		
	Furchase price of each	-			***************************************					等 医甲状腺性						
Marie and the state of the stat	To or shares of	bonds/stocks						And the second s			-					
eu/J))))) (The state of the s				MINOR CHILDREN.			A PART OF THE PROPERTY OF THE			The state of the s	
Name of issuer			APPLICANT:			and the second s		are golden over the first over the f	SPOUSE							

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SCHEDULE F

NON - LISTED INVESTMENTS	
I-NON	400 to 100 to 10
	The second secon

	Current	E	8	PROPORTION				•	The state of the s					·		
	Persons / entity	sharing ownershin	dwenning Swine				ALTERNATION OF THE PROPERTY OF									
	Name in which	registered	D										The state of the s			
TENTS	Date of	purchase										ve b átra . P				
NON - LISTED INVESTMENTS	Purchase price													***************************************		
NON-L	Percentage	ownership										-				
	No of evacishin	units			The state of the s		din da gamman				The state of the s			managanaga ayag		
5.00 () () () () () () () () () (Type (cs. cc. partners	etc)								MINOR CHILDREN					The second secon	The state of the s
	Name of cutity		APPLICANT							SPOUSE					**************************************	

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SCHEDULE G PROPERTY

Street address	Erfna, or fille	Purchase price ?	Date of	Name(s) of registered	Percentage	Current market	If let, state monthly
	deed	improvement cost	purchase	owner(s)	ownership each	value	income
APPLICANT:							
	The second secon	manager					i de estado en e
The second secon			-				
			:				The state of the s
SPOUSE:							
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SCHEDULE H

INSURANCE POLICIES

<u> </u>			Ť	 :			4		1
Loan/surrender	value of policy				The state of the s				
Current value of	policy				Trade and the state of the stat				
Estimated	maturity value								
Beneficiary (ies) of	policy								
Insurance	company								
Type of policy (tife,	annuity etc)								
No. of hymeraner	policy								
Name of policy	holder	APPLICANT:				SPOUSE:			

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SCHEDULE I UNIT TRUSTS

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	selling arice	- 10223	-					The same of the sa
Owing	Original purchase price							
No of units held	TO OF BRIDE HOLD							
Name of linked product	co. if involved							Sec. V
Name of the N	management co.			7				
Account anniber			-	The state of the s		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Type of unit 12451				e de la companya de l	MINOR CHILDREN.	The second secon	er hande gebruik eine er en	
Name of unit trust		APPLICANT:	77	And the second s	SPOUSE		TO MAKE THE PARTY OF THE PARTY	The state of the s

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MOTOR VEHICLES, MOTOR CYCLES, AEROPLANES, MOTOR BOATS, YACHTS FTC SCHEDULE J

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SCHEDULEK

	other	ided						
	Any other collateral	provided						
	Maturity date							The state of the s
	Unpaid balance						Andrews and the second	
VABLE	Monthly		dam	THE PROPERTY OF THE PROPERTY O		NAME OF THE PERSON OF THE PERS		in and a suppose
BONDS/MORTGAGES PAVARLE	Current interest rate							
RONDS/M	Original amount			THE THE PERSON OF THE PERSON O				
	Date							
	Edentification of property involved							-
	Name & address of bendholder	APPLICANT:	The second secon		SPOUSE:			

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Monthly	repayments							
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Maturity	date					of an interpret	Se seguine Fronts	
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Amount	outstanding							
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Interest	rate							
Duni								-
(Frights amount	ı						A LOW WATER TO A COLUMN TO THE	
1.3()	*.10-22-0-2-2							The second second
13%E	incurred		THE STATE AND TH				AND THE REAL PROPERTY AND THE PARTY AND THE	
January Banasa			 }					
Name & address of Hi	itor	T						
ne & ad	ereditor	APPLICANT:	:	SPOUSE:				
N3		APF		SPC				

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SCHEDULE M

LOANS PAYABLE (SECURED & UNSECURED)

				(NOTICE (NOTICE OF A CIVILIAN	AME	ECUNEU)		
Name & address of	Orac orac orac orac perior	Original amount	in erest	Amount	Maturity	Monthly	Reason(s) for borrowings	Collateral provided
creditor .	incurred		rate	outstanding	date	repayments		for Ioan (s)
APPLICANT:								
- VV 7/4		a and a second s						
	ali-S Think and and an an annual							
SPOUSE:								
Township of the state of the st						:		
					. :		The state of the s	THE CONTRACTOR OF THE CONTRACT
				The state of the s		44444 A	Annual description between the same was an annual transfer of the same of the	

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SCHEDULEN

OTHER LIABILITIES PAYABLE

Name & address of	Date	Original amount	Interest	Amount	Maturity	Monthly	Reason(s) for incurring	Collateral (if any)
creditor	POLITY W		a series	outstanding	date	repayments	these liabilities	provided for
Appliation.								liabilities
i Euchidi.								

Spoilsh:								
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SCHEDULE O

OFF-BALANCE SHEET ASSETS	Registration or thetails of rental identification no. leasing co.		MINOR CHILDREN:	
	Details of off-balance sheet assets	APPLCANI:	SPOUSE	

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CONTINGENT LIABILITIES SCHEDULE P

	Other persons	lable							
	Other	collateral							
	Reason for	providing security							
	Monthly	payments							
PER LES	Maturity	date				 - 144.2	- 12-	: pág.	
CONTENDENT FIREMENTES	Unpaid	balance of debt				a ayayan		And the state of t	
	Original debt								
	Description of			The state of the s		,			ANAMARAN (Anamara)
		neurred			造 经有效				Andread with A care and the second se
	Name & address of	creditor	APPLICANT:		SPOUSE:				

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	AFFIDAVIT		
	(Full names)		
by:			
licence applied for,	aken cognisance of and unders as set out in the National Gan (Authority's legislation;	tand the rights and duties bling Act 2004, Act No 7	pertaining to the of 2004 and the
(b) declare that I am the	person identified in this form;		
(c) declare that I have indicated herein; and	personally completed this fo	m and have supplied all	the information
(d) certify that the partic fully disclosed the in	culars contained herein are true formation required in completi	and correct in every detaing this form.	I and that I have
Signed at	on this d	w of	
Signed at	on this d	y of	19
Signed at	on this d	ıy of	19
Signed at	on thisd	y of(Signa	·
	on this d	(Signa	ture)
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To be signed and cer		(Signa	ture)
To be signed and cer		(Signa	ture)
To be signed and cer- Oaths		(Signanthe presence of a Con	nmissioner of
To be signed and cer Oaths	tified as true and correct i	(Signanthe presence of a Con	nmissioner of

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NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

то:	All courts, probation departments, employers, educational institutions, banks, and other institutions, the Receiver of Revenue, credit bureaux, law agencies, all and institutions without exception, both domestic and foreign, and to whomso this authorisation may duly be presented.
FROM:	(Surname) (First names)
	(Address)
	Date of birth: / / Telephone /
	I D noPassport no
,	Signature
Provinc	SignatureBY AUTHORISE the Chief Executive Officer of the National Gambling Board al Licensing Authority, or any authorised delegate of either authority, to have accompact and to obtain copies of:
Provinc	BY AUTHORISE the Chief Executive Officer of the National Gambling Board ial Licensing Authority, or any authorised delegate of either authority, to have accompect and to obtain copies of: any credit report, financial report, tax report, value added tax report, employ records and all other entities in which I have a financial or personal interest, or personal information derived from these reports or any other report which
Provinc order to	BY AUTHORISE the Chief Executive Officer of the National Gambling Board ial Licensing Authority, or any authorised delegate of either authority, to have accompleted and to obtain copies of: any credit report, financial report, tax report, value added tax report, employercords and all other entities in which I have a financial or personal interest, or

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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:	Monographic and Automatic Antique and Automatic Antique Antiqu	
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NATIONAL RESPONSIBLE GAM	BLING PROGRAMME TOLL FREE 0800 006 008	
ACCESS	TO TAX RECORDS	
I,(F	Pull names)	
undertake, upon request by the National ("Authority"), to procure from the Receiver which has in its custody or possession any re-	Gambling Board and Provincial Licensing Authority of Revenue or any similar tax authority wherever located, cords pertaining to my tax returns, such of those records as ace the Authority in possession thereof for the purposes of	
Signed at	on thisday of	
2		May
	(Signature)	
To be signed in the presence of and certi	fied by a Commissioner of Oaths.	

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SIGNATURE: