

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

**INSTRUCTIONS**

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

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

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

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

Contacting the National Gambling Board

National Gambling Board  
The dti Campus  
2<sup>nd</sup> Floor, Building E, Uuzaji  
77 Meintjie St.  
Sunnyside 0002  
Private Bag X27, Hatfield, 0028.  
Republic of S.A.  
Tel: (012) 394 3800  
Fax: (012) 394 4800  
e-mail: [info@ngb.org.za](mailto:info@ngb.org.za)  
website: [www.ngb.org.za](http://www.ngb.org.za)



**National  
Gambling Board**

a member of the dti group

**FORM NGB 5/1(a)**

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

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

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

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

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

This form is prescribed by the Minister of Trade and Industry in terms section 38(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

**All correspondence to be addressed to:  
The Chief Executive Officer  
Provincial Licensing Authority's Postal Address**

**PLA'S CONTACT DETAILS:  
Telephone no:  
Fax no:**

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

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

**APPLICATION INSTRUCTIONS**

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.
2. **Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information required, your application may be rejected.**
3. If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided. If there is nothing to disclose about a particular question, write "None" in the space provided. If an alteration is made to an answer, sign in full next to the alteration.
4. All answers on this form, except signatures, must be typed or **neatly printed in black ink**. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. **This application form must be completed by the designated person by the applicant.**
6. The original completed application form and all the additional required information plus **one copy of all pages, including all supporting documentation**, must be submitted.
7. An entity whose application for a licence is completed must submit an income tax clearance certificate or equivalent from the country of origin.
8. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
9. All dates must be in the format: **Day / Month / Year**.

**BUSINESS ENTITY DISCLOSURE FORM**

**1. LICENCE TYPE**

If applying for one or more category of licence, please indicate with "X" in the boxes provided.

	<b>MANUFACTURER OF GAMING MACHINES</b>
	<b>TESTING AGENT</b>

List categories of equipment you wish to manufacture:

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

**NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008****2. DETAILS OF ENTERPRISE****NAME OF ENTERPRISE\***

\* Name as appears on the certificate of incorporation, charter, by – laws, partnership agreement or other official document. DO NOT ABBREVIATE.

**TRADE NAME(S) (IF ANY)**

Person to be contacted in reference to this form:

NAME	TELEPHONE NO (INCLUDE AREA CODE)
DESIGNATION	

The principal business address of the enterprise:

BUSINESS PHYSICAL ADDRESS

MAILING ADDRESS (IF DIFFERENT)	CITY	PROVINCE	POSTAL CODE

The address from which the enterprise is or will be concluding any business as part of an agreement with a licence.

STREET LOCATION (NUMBER/STREET)	CITY	PROVINCE	POSTAL CODE
COUNTRY	TELEPHONE NO. LOCATION (INCLUDE AREA CODE)		

**3. OTHER NAME (S) AND ADDRESS OF THE ENTERPRISE**

- (a) List all other names under which the enterprise has done business, and give approximate time periods during which such names were in use.

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- (b) State all other addresses currently occupied/held by the enterprise and all addresses from which the enterprise is currently doing business.

NUMBER AND STREET	CITY	PROVINCE	POSTAL CODE

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- (c) State all addresses, other than those listed above, which the enterprise occupied/held or from which it was conducting business during the last ten – year period, and give the approximate time periods during which such addresses were occupied/held.

NUMBER AND STREET	CITY	PROVINC	POSTAL CODE	FROM	TO

**4. DESCRIPTION OF ENTERPRISE**

- (a) Specify the business form of this enterprise (i.e., corporation, partnership, trust, joint venture, sole proprietorship or otherwise).

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- (b) Submit a copy of the certificate of incorporation and all amendments, charter, by – laws, partnership agreement, trust agreement or other basic documentation of the enterprise, if any. This document must be labelled – **Attachment 4(b)**.

**5. DESCRIPTION OF PRESENT BUSINESS**

As **Attachment 5**, describe the business done by the enterprise and its parent, holding, subsidiary and intermediary companies and the general development of such business during the past five years, or such shorter period as the corporation of its parent, holding, subsidiary and intermediary companies may have been engaged in business. This description must include information on matters such as the following:

- (a) The principal products produced and serviced by the enterprise and its parent, holding, subsidiary and intermediary companies, the principal markets for said products or services and the methods of distribution. (Differentiate between gaming related and non-gaming related products)
- (b) The sources and availability of raw material essential to the business of the enterprise.
- (c) The importance to the business and the duration and effect of all material patents, trademarks, licences, franchises, royalties, exclusive distribution, concessions and any other related agreements held.

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**6. DESCRIPTION OF FORMER BUSINESS**

As **Attachment 6**, describe any former business not listed above, which the enterprise any parent, holding, subsidiary and intermediary company engaged in during the last ten – year period, and the reasons for the cessation of such business. Also indicate the appropriate time period during which each such business was conducted.

**7. STOCK DESCRIPTION (CORPORATION)**

Describe the nature, type, terms, conditions, rights and privileges of all classes of voting, non-voting and other stock/shares issued, or to be issued, by the corporation including the number of shares of each class of stock authorised or to be authorised and the number of shares of each class of stock outstanding (i.e. not held by or on behalf of the issuer) as on this date.

ORDINARY SHARES	PAR VALUE	NUMBER

PREFERENCE SHARE	PAR VALUE	NUMBER

OTHER (INCLUDING OPTIONS)	PAR VALUE	NUMBER

**VOTING RIGHTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the rights of holders of any class of stock may be modified other than by a vote, indicate this and explain briefly as **Attachment 7**.

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**8. NON-VOTING SHAREHOLDERS**

Furnish the information called for in the table below, as to each person or entity holding or having a beneficial interest in any non-voting stock issued by the corporation:

NAME AND ADDRESS	DATE OF BIRTH	NUMBER OF SHARES HELD	PERCENTAGE OF OUTSTANDING VOTING STOCK

\* This information must be provided as on a date no more than sixty (60) days prior to the date of this application.

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 8**.

**9. QUALIFIERS**

Please indicate all persons or entities in your enterprise that correspond to the sub-items listed below. If any of the sub-items (a) to (i) does not apply, please indicate "Does not apply" directly on this form.

**NOTE:** A PERSONAL HISTORY DISCLOSURE FORM MUST BE COMPLETED BY EVERY PERSON NOTED IN SUB-ITEMS (a) TO (i) BELOW, IN ADDITION, THE LICENSING AUTHORITY MAY, AT ITS DISCRETION, ORDER ADDITIONAL PERSONS ASSOCIATED WITH THE ENTERPRISE TO FILE SUCH A FORM IF IT APPEARS THAT SUCH PERSONS SHOULD BE QUALIFIED.

- (a) All persons who will act as sales representatives or otherwise regularly engage in the solicitation of business from a licence holder other than the holder of an employment licence;
- (b) All persons who have or will sign any agreement with a licence holder other than the holder of an employment licence;
- (c) The management employee supervising the regional or local office which employs the sales representative(s) described in sub-item (a);
- (d) All offices of the enterprise;
- (e) All directors or trustees of the enterprise;
- (f) All partners, whether general, limited or otherwise;

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- (g) The sole proprietor, if the enterprise is a sole proprietorship;
- (h) All beneficial owners of the outstanding voting securities of the enterprise, whether such owners are themselves legal or natural persons; and
- (i) All persons doing business with the licence holder other than the holder of an employment licence.

**NOTE:** IF THE ENTERPRISE IS LISTED AS OWNER IN (h) ABOVE, THE ENTERPRISE MUST COMPLETE THE BUSINESS ENTITY DISCLOSURE FORM.

For every person or entity noted in sub-items 7(a) to (i) above, please provide the information requested in the following form:

NAME	DATE OF BIRTH	PHYSICAL ADDRESS	TITLE, POSITION, % OF OWNERSHIP OR ASSOCIATION WITH THE ENTERPRISE

**10. OUTLINE OF OWNERSHIP**

Outline ownership of the corporation/enterprise holding any stock, holding a partnership interest or holding any other ownership interest in applicant, prepare a flowchart which illustrates the fully diluted ownership of the applicant as an attachment labelled **Attachment 10**. List all parent, holding or subsidiary and intermediary companies so that the flowchart reflects the stock / partnership interest as being held by a natural person(s) and not other enterprise(s). If the ultimate parent company is publicly traded and no natural person controls any percentage of the publicly traded stock, indicate this fact in a footnote to the flowchart.

**11. FORMER OFFICERS AND DIRECTORS**

Furnish the information indicated below for each person not listed in the response above, who held a position as an officer or director of the enterprise over the last ten years.

NAME	DATE OF BIRTH	LAST KNOWN ADDRESS	POSITION HELD, DATE AND REASON FOR LEAVING

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

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**Note:** Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 11.**

**12. REMUNERATION OF OFFICES, DIRECTORS AND PARTNERS**

List the total annual remuneration received during the last calendar year, and the amount to be received during the calendar year subsequent thereto, by each director, trustee, officer and /or partner of the enterprise, whether such remuneration is in the form of salary, wages, commissions, fees, stock options, bonuses or otherwise.

NAME	POSITION HELD WITH THE ENTERPRISE	AMOUNT OF REMUNERATION

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 12.**

**13. BONUSES, PROFIT SHARING, RETIREMENT, DEFFERED REMUNERATION & SIMILAR PROVINCIAL LICENSING AUTHORITIES**

As **Attachment 13**, described all existing bonuses, profit sharing, pension, retirement, deferred remuneration and similar plans, or those to be created by the enterprise, which description shall include, but not be limited to:

- (a) Title or name of the plan;
- (b) Identity and address of the trustee of the plan or the person administering such plan;
- (c) Material features of the plan;
- (d) Methods of financing the plan;
- (e) Identity of each class of person who is participating or will participate in the plan;
- (f) Approximate number of persons in each class; and
- (g) Amounts distributed under the plan to each class of persons during the last fiscal year, if the plan was in effect during that time period.

**14. INTEREST OF PARTNERS/MEMBERS (PARTNERSHIP/CLOSE CORPORATION)**

Describe the interest held by each partner/member in the partnership, whether general or limited:

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- (a) Amount of initial investment, whether in the form of cash, negotiable instruments, property or otherwise:  
 \_\_\_\_\_  
 \_\_\_\_\_
- (b) Amount of any additional contributions made to the partnership/close corporation:  
 \_\_\_\_\_  
 \_\_\_\_\_
- (c) Amount and nature of any anticipated future investments:  
 \_\_\_\_\_  
 \_\_\_\_\_
- (d) Degree of control of each partner/member over the activities of the partnership:  
 \_\_\_\_\_  
 \_\_\_\_\_
- (e) Percentage of ownership of each partner/member:  
 \_\_\_\_\_  
 \_\_\_\_\_
- (f) Method of distributing profit to each partner/member:  
 \_\_\_\_\_  
 \_\_\_\_\_

**15. SECURITIES OPTIONS\* (CORPORATION)**

- (a) Describe in detail any options existing or to be created in respect of securities issued by the corporation, which description shall include, but not be limited to, the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the period, the terms under which options become, entitled to exercise the options, and when such options expired:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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\* For the purpose of this application, option shall mean right, warrant or option to subscribe to or purchase any securities issued by the corporation.

(b) Identify all persons holding the options described in sub-item (a) above and include the market value of the option at the time of issue:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16. DESCRIPTION OF LONG-TERM DEBT**

Describe the nature, terms and conditions of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed by the enterprise, which matures more than one year from the date of issue or which, by their terms, are renewable for a period of more than one year from the date of issue.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Should you require additional space, attach a separate sheet in the same form and label it **Attachment 16**

**17. HOLDERS OF LONG-TERM DEBT**

Furnish the information indicated in the table below for each person or entity holding any outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness executed or issued by the enterprise, which mature more than one year from the date of issue or which, by their terms, are renewable for a period of more than one year from the date of issue.

NAME AND ADDRESS	DATE OF BIRTH	TYPE AND CLASS OF DEBT INSTRUMENT HELD	RAND AMOUNT OF DEBT HELD (Both original Amount and Current Balance)

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

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Should any require additional space, attach a separate sheet in the same tabular format and label it **Attachment 17.**

**18. OTHER INDEBTEDNESS AND SECURITY DEVICES**

Describe the nature, type, terms and conditions of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilised by the enterprise, other than those described above:

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**19. HOLDERS OF INDEBTNESS**

Furnish the information indicated in the table below in respect of each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device described in response to item 16.

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	RAND AMOUNT OF DEBT HELD (Both Original Amount and Current Balance)

Should you require additional space, attach a separate sheet in the same tabular format and label **Attachment 19.**

**20. FINANCIAL INSTITUTIONS**

Furnish the information indicated in the table below in respect of each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the enterprise has or had an account over the last ten-year period, regardless of whether such account was held in the name of the enterprise, a nominee of the enterprise or was otherwise under the direct or indirect control of the enterprise.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER	TIME PERIOD ACCOUNT HELD (FROM/TO)

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

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Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 20.**

**21. CONTRACTS AND SUPPLIERS**

Furnish the information indicated in the table below in respect of all persons with whom the enterprise has contracts or agreements valued at R50 000 or more, or from whom the enterprise has received R50 000 or more in goods or services in the past six months.

Employment contracts need only be listed if, by terms, they exceed one year in duration.

NAME	ADDRESS	NATURE OF CONTRACT OR GOODS OR SERVICES SUPPLIED

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 21.**

**22. STOCK HELD BY ENTERPRISE**

Furnish the information indicated in the table below in respect of each company in which the enterprise holds stock:

NAME AND ADDRESS OF COMPANY	TYPE OF STOCK HELD	PURCHASE PRICE PER SHARE	NUMBER OF SHARES HELD	PERCENTAGE OF OWNERSHIP

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 22.**

**23. INSIDER TRANSACTIONS (CORPORATION)**

Furnish the information indicated in the table below for each change, within the last five (5) years preceding this application, in the beneficial ownership of the equity securities of the corporation on the part of any person who is indirectly or directly a beneficial owner of any class of an equity security of the corporation, or who is, or was, a director or official of the corporation within that period. [include changes resulting

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from (a) gift, (b) purchase (c) sale, (d) exercise of an option to purchase, (e) exercise of an option to sell, (f) or other transaction.]

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF SECURITIES INVOLVED

Should you require additional space, attach a separate sheet in the same tabular format and label **Attachment 23**.

**24. CRIMINAL HISTORY**

The next question requests information about any offences the enterprise may have committed or charges brought against it.

Prior to answering this question, carefully review the definitions and instructions below:

“**Charge**” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offence”.

“**Offence**” includes all felonies, crime, disorderly persons’ offences and petty disorderly offences.

Answer “yes” and provide all information to the best of your ability EVEN IF:

- the enterprise did not commit the offence charged;
- the charges or alleged offences to which they related were brought not more than ten years ago.

Has the enterprise, its owners, officers, directors or any of its subsidiaries ever been indicted, charged with or convicted of a criminal or disorderly person’s offence or been party or named as an indicted co-conspirator in any criminal proceeding in the Republic of South Africa or any other jurisdiction?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If “Yes”, complete the table below:

NAME OF CASE AND CASE NUMBER	NATURE OF CHARGE OR COMPROVINCIAL LICENSING AUTHORITYINT	DATE OF CHARGE OR COMPROVINCIAL LICENSING AUTHORITYINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE

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

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Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 24**.

**25. NON-COMPLIANCE TO GAMBLING LAWS HISTORY**

The next question request information of non-compliance the enterprise may have committed or had been charged with. Prior to answering this question, carefully review the definitions and instructions below:

“**Charge**” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any non-compliance.

“**Non-compliance**” includes all failure to comply with any gambling legislation, internal control standards relating to gambling operations and other offences.

Answer “Yes” and provide all information to the best of your ability EVEN IF:

- the enterprise did not commit the non-compliance charged;
- the charge was dismissed;
- the enterprise was not convicted; or
- the charges or offences happened a long time ago.

Has the enterprise, its owners, officers, directors or any of its subsidiaries ever been indicted or charged with any non-compliance?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, complete the table below:

JURISDICTION	NATURE OF NON-COMPLIANCE	DATE OF CHARGE	OUTCOME	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 25**.

**26. TRADE REGULATIONS AND SECURITIES JUDGEMENTS**

Has the enterprise ever had a judgement, consent or degree of consent order pertaining to a violation or alleged violation of trade regulations or securities laws, or similar laws of any country, entered against it?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, provide the information in the following tabular form:

NAME OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGEMENT, DEGREE OR ORDER	DATE ENTERED

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

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Should you require addition space, attach a separate sheet in the same tabular format and label it **Attachment 26.**

**27. INSOLVENCY PROCEEDINGS & APPOINTED RECEIVER, AGENT OR TRUSTEE**

(a) Has the enterprise, its parent or any affiliated company had any petition under any provision of any bankruptcy legislation or under any state insolvency law filed by or against it over the last ten years period?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

(b) Has the enterprise, its parent or any affiliated company sought relief under any provision of any bankruptcy legislation or any state insolvency law over the last ten-year period?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) Has any receiver, fiscal agent, trustee, recognition trustee, or similar officer been appointed, over the last ten-year period, by a court for the business or property of the enterprise or its parent, holding, subsidiary and intermediary companies?

(d) \_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", complete the table below:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON

Should you require additional space, attach a separate sheet in the tabular format and label it **Attachment 27.**

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

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**28. EXISTING LITIGATION**

As **Attachment 28** describe all existing civil litigation to which the enterprise or any parent, holding, subsidiary and intermediary company is currently a part in any jurisdiction. This description shall include the title and case number of the litigation, the name and location of the court where it is pending, the identity of all parties to the litigation, and the general nature of all claims being made.

**29. LICENCES**

- (a) Over the last ten-year period, has the enterprise ever had any licence or certificate issued, denied, suspended or revoked by a government agency, of any jurisdiction?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If response to item 29 is in the affirmative, complete the table below.

TYPE OF LICENCE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENT AGENCY	ACTION TAKEN	DATE	REASON

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 29**.

- (b) Has the enterprise ever applied, in any jurisdiction, for a licence, permit or other authorisation to participate in lawful gambling operations (including casino gaming, horse racing dog racing, pari-mutual operation, lottery, sports betting, etc)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If the response to sub-item (b) is in the affirmative, complete the table below.

NAME AND ADDRESS OF LICENCING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF LICENCE IF ISSUED, GIVE GAMBLING ACTIVITY LICENCED LICENCE NUMBER AND EXPIERY DATE

Should you require additional space, attach a separate sheet in the same tabular format and label it **Attachment 29(b)**.

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

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**30. CONTRIBUTION AND DISBURSEMENTS OF ENTERPRISE**

- (a) Over the last ten-year period, has the enterprise, any director, officer, partner, or employee or any third party acting for or on behalf of the enterprise offered any bribes or kickbacks to any employee, company or organisation to obtain favourable treatment?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (b) Over the last ten-year period, has the enterprise, any director, office, partner, or employee or any party acting for or on behalf of the enterprise offered any bribes or kickbacks to any government official, domestic or foreign, to obtain favourable treatment?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

- (c) Over the last ten-year period, have enterprise funds or property been donated or loaned for the purpose of opposing or supporting any government (or for any other purpose), political party, candidate or committee, either domestic or foreign?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (d) Over the last ten-year period, has the enterprise made/granted any loan, donations or other disbursements to directors, officers, partners, employees or any political organization for the purpose of reimbursing such individuals or party for political contributions either foreign or domestic?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", provide details:

\_\_\_\_\_

\_\_\_\_\_

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

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- (e) Over the last ten-year period, has the enterprise had any direct or indirect relationship, with any political party in this country or anywhere?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", provide details:

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**31. FINANCIAL STATEMENTS**

As **Attachment 31**, attach copies of audited financial statements for the last 5 years with regards to the enterprise applying for a licence.

If the enterprise is not required to have audited financial statements, attach unaudited financial statements for the last 5 years.

**32. ANNUAL REPORTS**

Attach, and marked **Attachment 32**, copies of the last 5 annual reports.

**33. OTHER REPORTS**

Attach, and marked **Attachment 33**, copies of any other reports (quarterly reports, interim reports, etc).

**34. ORGANISATIONAL CHART**

Attach, and marked **Attachment 34**, a copy an organisational chart of the enterprise which includes position description and the names of persons holding such positions.

**35. TAX RETURNS**

Attach, and marked **Attachment 35**, a copy of all tax returns (with all supporting documents) for the last 5 years.

**36. OTHER DOCUMENTS RELEVANT TO THIS APPLICATION**

Should you be applying for a test agent licence, attach documents as contemplated in Section 24 and mark them **Attachment 36**.

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

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**AFFIDAVIT**

I, \_\_\_\_\_, hereby acknowledge that I am aware that the Licensing Authority may deny a licence to any applicant that supplies information which is untrue or misleading to a material fact pertaining to the qualification criteria.

I, \_\_\_\_\_, hereby affirm that the foregoing statements made by me on behalf of \_\_\_\_\_ are true and correct. I am aware that if any of the foregoing statements made by me are willfully false or misleading, I will be subject to the penalty attendant upon perjury.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Designation (Title or position)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Subscribe and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_,

\_\_\_\_\_  
**NOTARY**

\_\_\_\_\_  
**SEAL OF AUTHORITY**

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

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

**RELEASE AUTHORISATION**

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions and all government agencies – state, provincial or local, foreign and domestic.

On behalf of \_\_\_\_\_

I, \_\_\_\_\_, have authorised the National Gambling Board and \_\_\_\_\_ to conduct a full investigation in the background of the said enterprise.

Therefore, you are hereby authorised to release all information pertaining to the said enterprise, documentary or otherwise, as requested by any employee or agent of the National Gambling Board and/or \_\_\_\_\_, provided that he or she certifies to you that the said enterprise has an application pending before the National Gambling Board and/or \_\_\_\_\_ that the said enterprise is currently a licensee or registrant required to be qualified under the provision of the National Gambling Act 2004, Act No 7 of 2004.

This authorisation shall supersede or countermand any prior authorisation to the contrary.


A Photostat copy of this statement will be considered as effective and valid as the original.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

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

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

<p align="center"><b>INSTRUCTIONS</b></p> <p>This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations, 2004</p> <p><i>This form has 37 pages (including this page)</i></p> <p><i>The same form must be completed, where applicable, when applying for renewal of licence.</i></p> <p><i>The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application</i></p> <p align="center">Contacting the National Gambling Board</p> <hr/> <p align="center">National Gambling Board The dti Campus 2<sup>nd</sup> Floor, Building E, Uuzaji 77 Meintjie St. Sunnyside 0002 Private Bag X27, Hatfield, 0028. Republic of S.A. Tel: (012) 394 3800 Fax: (012) 394 4800 e-mail: <a href="mailto:info@ngb.org.za">info@ngb.org.za</a> website: <a href="http://www.ngb.org.za">www.ngb.org.za</a></p>	<div align="center">  <p><b>National Gambling Board</b> a member of the dti group</p> <p><b>FORM NGB 5/1(b)</b></p> <p><b>APPLICATION FOR KEY EMPLOYEE LICENCE (PERSONAL HISTORY DISCLOSURE)</b></p> </div> <hr/> <p>Full Names of Applicant: _____</p> <p>Employer: _____</p>  <p><b>APPLICANT'S SIGNATURE</b> _____</p> <hr/> <p><b>DATE</b> _____</p>
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This form is prescribed by the Minister of Trade and Industry in terms section 38(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

**All correspondence to be addressed to:  
The Chief Executive Officer  
Provincial Licensing Authority's Postal Address**

**PLA'S CONTACT DETAILS:  
Telephone no:  
Fax no:**

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

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*NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008*

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**APPLICATION INSTRUCTIONS**

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

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

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

**NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008****1. APPLICANT**

Name _____				
	First	Middle	Maiden (If applicable)	Surname
Other names you have used or use, or by which you have been or are known _____				
Date of birth _____ / _____ / _____			Place of birth _____	
I D no _____			Social Security no _____	
Passport no _____			Date of issue _____ / _____ / _____	
Place of issue _____				
<b>(Attach certified true copies of all pages of I D document)</b>				
Details of all legal name changes _____				
Home address _____				
Suburb _____ Postal code _____				
Town/City _____			Country _____	
Telephone no (home) _____ / _____			Fax no _____ / _____	
Cell phone no _____			E-mail address _____	
Current business address _____				
Suburb _____ Postal code _____				
Town/City _____			Country _____	
Telephone no (work) _____ / _____			Fax no _____ / _____	

**2. PHOTOGRAPH****Please note:**

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

Date of photograph \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The attached photograph is a true resemblance of:

\_\_\_\_\_  
Name of applicant**(To be certified by a Commissioner of Oaths)****SIGNATURE:** \_\_\_\_\_

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

**3. CITIZENSHIP**

I am:	- a native-born citizen of the Republic of South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	- a naturalised citizen of the Republic of South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	- a foreign national on a visa or work permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	- a foreign national with a permanent residence permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you are a foreign national, provide:

- your passport no \_\_\_\_\_

- country of issue \_\_\_\_\_

- date of issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- port or place of entry into the Republic of South Africa \_\_\_\_\_

\_\_\_\_\_

- date of entry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Attach certified true copies of all the pages of your current passport, and ensure that all visa, work permit or permanent residence entries are clearly legible)

**4. FAMILY INFORMATION**

**SPOUSE / COMMON LAW SPOUSE / PARTNER**

First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_ (Maiden name) \_\_\_\_\_ Surname \_\_\_\_\_

Other names used or by which known \_\_\_\_\_

Street address \_\_\_\_\_

Town/City \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_

Date of marriage / Commencement of current relationship \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I D no \_\_\_\_\_ Social security no \_\_\_\_\_

Current/last employer \_\_\_\_\_

Address of employer \_\_\_\_\_

\_\_\_\_\_

**CHILDREN (Attach additional page with copies of identity documents and set out relationship and employment details, as well as details of all trust of which the child is a beneficiary, where applicable. Also attach additional information if more certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question)**

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

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

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**5. ACADEMIC INFORMATION**

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

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

(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:

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

**6. EMPLOYMENT INFORMATION**

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

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

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

Date (Yr to Yr)	Name, address, telephone & fax no of employer	Job description & job title	Name of supervisor	Reasons for leaving

(Attach an employment certificate from your current employer)

**7. DISCIPLINARY ACTIONS**

Have you been subjected to any disciplinary action in connection with your employment during the last five years?

Yes  No

If "Yes", provide details:


**8. CIVIL PROCEEDINGS**

**8.1** Have you or your spouse/partner ever been party to a personal lawsuit?

Yes  No

If "Yes", give details in the table below:

Date	Name of court	Case number	Other parties to lawsuit	Nature of lawsuit	Outcome of lawsuit

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

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


**8.2** Have any civil judgments against yourself, spouse or partner ever been abandoned or rescinded?

Yes  No

If "Yes", give details below:


**8.3** Has a civil judgment ever been noted or taken against you in respect of debt or have you ever been listed by any credit bureau?

Yes  No

If "Yes", give details below:


**9. PARTY TO ANTICIPATED LAWSUITS**

Do you anticipate being a party to a lawsuit or does your spouse or partner or any business entity in which you hold or have held an ownership interest or served as an officer or director anticipate being a party to a lawsuit?

Yes  No

If "Yes", provide details below:


**10. PREVIOUS LAWSUITS**

Have you, your spouse or partner ever been named personally in any lawsuit, involving any business, while serving in the capacity of director, member, officer or manager?

Yes  No

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

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

If "Yes", provide details below:


**11. PRIVATE BUSINESS RELATIONSHIPS**

List all private business relationships with which you, your spouse or partner is/are involved below:

Dates (Yr to Yr)	Name of own party involved	Name of other party involved	Nature of business relationship

**12. CRIMINAL OFFENCES**

Have you ever been arrested for, charged with, or convicted of a criminal offence or has any member of your immediate family (as contemplated in Question 4 of this application) ever been so arrested, charged or convicted? Prior to answering this question, carefully study the definitions provided and the instructions given below. **For the purposes of this question:**

**"Offence"** includes all common law and statutory crimes, misdemeanours and felonies, regardless of their classification, but **excludes** criminal cases in respect of which an admission of guilt fine was payable **WITHOUT** an obligation to appear in Court.

**"Charge"** includes any indictment, complaint, information, summons or other notice relating to the alleged commission of any offence.

Where the applicant has been charged, as defined above, an answer of **"yes"** must be given and all the relevant information required by this question provided to the best of your ability, even if –

- the applicant did not commit the offence charged;
- the charges or alleged offences to which they related were brought not more than ten years ago.

If the records relating to the charges have been expunged by a court order, answer **"no"** and attach a copy of the expunction order to this application, labeling it **"Attachment to Question 12"**.

Yes  No

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

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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



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

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

If "Yes", complete the table below:

Date	Name	Name & address of Executive authority	Offence for which pardon was received	Reason for pardon

(Attach certified true and legible copy of the pardon or expunction order)

**15. INSURANCE**

15.1 Have you ever sustained either a personal or business loss in respect of which an insurance payment of more than R100 000 or US\$60 000 or the equivalent thereof was paid to you?

Yes  No

If "Yes", provide details below including the name of the insurance company, the insurance broker, the number of the insurance policy and the claim number.


15.2 Have you ever owned property or a business which was damaged or destroyed by fire?

Yes  No

If "Yes", provide details below including the name of the insurance company, the insurance broker, the number of the insurance policy and the claim number.


15.3 Have you ever ceded an insurance policy?

Yes  No

If "Yes", provide details below, including the policy number, to whom ceded and for what reason.


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