

7	Date of birth	Place of birth (City, province and country)
8	Occupation	
9	Business Telephone	Home Telephone
	Fax Number	Mobile number
10	Physical description	
11	Height	Weight
12	Country / countries of which you are a citizen	
13	Details of changes of nationality (where applicable)	
14	Marital status	Date and Place of marriage
15	Full names of partner	Partner's maiden name (where applicable)
16	Date and Place of birth of partner	Partner's occupation
17	Is your partner involved in any gambling operations	
18	Name and address of partner's employer	
19	Name and address of previous partner(s): <i>(If space is insufficient, supply information on attachment page)</i>	
	Current full names	Maiden surname (where applicable)
	Current address	

SIGNATURE: _____

20	Full names of father		Date of birth	
	Occupation			
21	Full names of mother		Date of birth	
	Occupation			
22	Details of brothers and sisters, including half/step brothers and sisters:			
	Full Names	Relationship	Date of Birth	Occupation
23	Details of children, including step or adopted children:			
	Full Name	Relationship	Date of Birth	Occupation
24	Are you or any of your children and stepchildren beneficiaries of any trust If so, give details on a separate attachment page			
25	Educational details:			
	Highest level of education attained and Year completed			
	Name of last educational institution attended			
	Professional qualifications			
26	Passport information <i>(to be completed by or on behalf of Declarant's partner also)</i>			
		Passport 1	Passport 2	

SIGNATURE: _____

Job Title	Description of duties	Contact person

(b)

Month and year (From - To)	Name and postal address of employer/business	Reason for leaving
Job Title	Description of duties	Contact person

(c)

Month and year (From - To)	Name and postal address of employer/business	Reason for leaving
Job Title	Description of duties	Contact person

If additional space is needed, use an attachment page.

SIGNATURE: _____

30	
(a)	Have you ever been suspended/asked to resign or dismissed in any employment? If yes, provide details below:
(b)	List all companies, partnerships, joint ventures or any business with which you have been associated and actively participated in the management or operation thereof as a director, partner or other capacity during the last 20 years. <i>(If space is insufficient, use an attachment page)</i>
(c)	Have any of the businesses in which you have been employed or associated with listed in (a) or (b) ever been involved in any gambling or amusement related activities? <i>(If space is insufficient, use an attachment page)</i>
31	Personal references
	Nominate three persons who are not related to you and who have known you for a period preferably during the last five years. Referees may be asked to appraise your character and reputation.
(a)	Surname
	First names
	Address
	Occupation
	Telephone Number

SIGNATURE: _____

	Years known	
(b)	Surname	
	First names	
	Address	
	Occupation	
	Telephone Numbers	
	Years known	
(c)	Surname	
	First names	
	Address	
	Occupation	
	Telephone Numbers	
	Years known	
32	Professional / Ethical history <i>(to be completed by or on behalf of Declarant's partner also)</i>	
(a)	List present and past membership (within the past five years) of professional bodies.	
Body		Period

SIGNATURE: _____

(b)	Have you ever been directly involved in the management of any company that has been placed in liquidation, judicial management, a scheme of arrangement or any other formal administration? (Include any pending arrangements) <i>(If insufficient space, use attachment page)</i>		
	If "yes", provide details:		
(c)	Have you ever been disqualified from acting as a director of a company under any provision of current or previous South African or overseas legislation?		
	If "yes", provide details:		
(d)	Are you under investigation by any government authority?		
	If "yes", provide details:		
(e)	Are you associated with a company that is currently under investigation by any government authority?		
	If "yes", complete the following:		
33(a)	Credit History:		
	Total amount owing R	Total amount in default R	Number of days overdue

SIGNATURE: _____

(b)	Is any person, including any company, in respect of whom you have given a guarantee, in default of any such agreement?		
	If "yes", please give details:		
(c)	Have you ever been refused credit or been the subject of an adverse credit rating report to your knowledge?		
	If "yes", please give details:		
34	Are you; your spouse or any member of your family, or have any of the aforementioned been, during the preceding twelve months:		
(a)	a member of Parliament or any provincial legislature or local authority, or any council, commission or house of traditional leaders established in terms of the Constitution?		
(b)	an office-bearer or employee of any party, movement, organisation or body of a party political nature?		
	If "yes" to any of the above, provide full particulars.		
35	Are you now, or have you ever been, subject to an order of a competent court declaring you to be mentally ill or disordered?		
	If "yes", provide full particulars.		

SIGNATURE: _____

36	Financial information: <i>(to be completed by or on behalf of Declarant's partner also)</i>	
(a)	Have you ever been declared insolvent or placed under any administration order?	
	If "yes", provide details:	
(b)	Do you control, manage or hold in trust for another person, any assets or liabilities?	
	If "yes", provide details:	
(c)	Income tax reference number and date of registration	
	VAT reference number and date of registration	
	Revenue office where registered	
	Attach tax clearance certificate	
(d)	Has your income tax return or assessment been audited or adjusted within the past five years, and what is your standing with the SARS?	
	If "yes", provide details:	
(e)	Amount invested/to be invested in the applicant business and the percentage of ownership this will represent:	

SIGNATURE: _____

(f)	Has your interest in the applicant business been assigned, pledged or sold to any person or organisation, or will any agreement be entered into whereby your interest is or may be assigned, pledged or sold either in part or whole?	
	If "yes", provide full particulars	

ALL AMOUNTS MUST BE IN SOUTH AFRICAN RANDS. INDICATE THE APPLICABLE EXCHANGE RATE AND DATE WHEN FOREIGN CURRENCIES ARE CONVERTED TO SOUTH AFRICAN RAND.

37. COMPLETE SCHEDULES A TO P IN FORM NGB 5/1(b)

38. COMPLETE PAGES 34 TO 37 OF FORM NGB 5/1(b)

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

INSTRUCTIONS

This form is prescribed for use in terms of regulation 20(2) of the National Gambling Regulations, 2004

A licence may be issued subject to compliance with section 42(4)(a)

This form shall be applicable for notification of issuance of national licence for both corporate entities as contemplated in form NGB 5/1(a) and employees as contemplated in forms NGB 5/1(b) and (c)

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

Contacting the National Gambling Board

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



National Gambling Board

a member of the dti group

FORM NGB 5/2

NOTICE BY PROVINCIAL LICENSING AUTHORITY OF INTENTION TO ISSUE A NATIONAL LICENCE (CORPORATE ENTITY / EMPLOYEE)

1. To: _____
2. Name of Entity/Name of Employee: _____
3. Trading Name (where applicable): _____

4. Physical Address: _____

5. Licence applied for: _____

6. Jurisdiction where application was made: _____
7. Date of Application _____

NAME OF NOTIFYING OFFICIAL _____

DESIGNATION _____

SIGNATURE _____

DATE _____

This form is prescribed by the Minister of Trade and Industry in terms section 40(2)(b) of the National Gambling Act, 2004 (Act No. 7 of 2004)

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

INSTRUCTIONS

This form is prescribed for use in terms of regulation 22(1) of the National Gambling Regulations, 2004

The form shall be applicable to all applications for national licences.

Contacting the National Gambling Board

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



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FORM NGB 6/1

NOTICE OF INTENT TO EVALUATE PROPOSED NATIONAL LICENCE

1. To: _____
2. Name of Entity: _____
3. Trading Name: _____
4. Physical Address: _____
5. Licence applied for: _____
6. Jurisdiction Application made: _____
7. Date of Application _____

CHIEF EXECUTIVE OFFICER: NATIONAL GAMBLING BOARD

SIGNATURE _____

DATE _____

This form is prescribed by the Minister of Trade and Industry in terms section 42(2) of the National Gambling Act, 2004 (Act No. 7 of 2004)

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

INSTRUCTIONS

This form is prescribed for use in terms of regulation 22(2) of the National Gambling Regulations, 2004

Contacting the National Gambling Board

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



National Gambling Board

a member of the dti group

FORM NGB 6/2

OUTCOME OF EVALUATION OF PROPOSED NATIONAL LICENCE

1. To: _____
2. Name of Entity/Employee: _____
3. Trading Name (where applicable): _____
4. ID No. (where applicable): _____
5. Employer (where applicable): _____
6. Physical Address: _____
7. Licence applied for: _____
8. Jurisdiction where application made: _____
9. Date of Application: _____
10. Outcome of Oversight Evaluation: _____

CHIEF EXECUTIVE OFFICER: NATIONAL GAMBLING BOARD

SIGNATURE _____

DATE _____

This form is prescribed by the Minister of Trade and Industry in terms section 42(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

INSTRUCTIONS

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

Attach Probity Reports and any other applicable information.

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

Contacting the National Gambling Board

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



National Gambling Board

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FORM NGB 7/1

**NATIONAL PROBITY REGISTER FORM
 (CORPORATE ENTITY)**

1. To: _____

2. Name of Entity: _____

3. Former Names: _____

4. Entity Registration No: _____

5. V.A.T Registration No: _____

6. Director's Names: (a) _____

(b) _____

(c) _____

7. Physical Address of the Entity: _____

8. Registration Status: _____

9. Licence applied for: _____

10. Application Status (*Approved or rejected*): _____

a. If approved, Reasons for Approval: _____

b. If rejected, Reasons for Rejection: _____

11. Jurisdiction where application made: _____

12. Date of Application: _____

13. Any other information deemed necessary to be included, including detail of transferee, where applicable:


NAME OF NOTIFYING OFFICIAL _____

DESIGNATION _____

SIGNATURE _____ **DATE** _____

This form is prescribed by the Minister of Trade and Industry in terms section 57(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

<p>INSTRUCTIONS</p> <p>This form is prescribed for use in regulation 25 of the National Gambling Regulations, 2004</p> <p><i>Attach Probity Reports and any other applicable information.</i></p> <p><i>Notification to be faxed to National Gambling Board and Provincial Licensing Authorities</i></p> <p align="center">Contacting the National Gambling Board</p> <hr/> <p>National Gambling Board The dti Campus 2nd Floor, Building E, Uuzaji 77 Meintjie St. Sunnyside 0002 Private Bag X27, Hatfield, 0028. Republic of S.A. Tel: (012) 394 3800 Fax: (012) 394 4800 e-mail: info@ngb.org.za website: www.ngb.org.za</p>	<div align="center">  <p>National Gambling Board a member of the dti group</p> <p>FORM NGB 7/2</p> <p>NATIONAL PROBITY REGISTER FORM (EMPLOYEES)</p> </div> <p>1. To: _____</p> <p>2. Name of Employee: _____</p> <p>3. ID No: _____</p> <p>4. Income Tax No. (where applicable): _____</p> <p>5. Physical Address: _____ _____</p> <p>6. Employer Name and Address: _____ _____ _____</p> <p>7. Licence applied for: _____</p> <p>8. Application Status (<i>Approved or rejected</i>): _____</p> <p style="padding-left: 20px;">a. If approved, Reasons for Approval: _____</p> <p style="padding-left: 20px;">b. If rejected, Reasons for Rejection: _____ _____</p> <p>9. Jurisdiction where application made: _____</p> <p>10. Date of Application: _____</p> <p>11. Any other information deemed necessary to be included: _____ _____</p> <p>NAME OF NOTIFYING OFFICIAL _____</p> <p>DESIGNATION _____</p> <p>SIGNATURE _____ DATE _____</p>
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This form is prescribed by the Minister of Trade and Industry in terms section 57(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

ATTENTION

Please take note that the
Publications Division
of the Government
Printing Works will
be closed on the 22nd
and 23rd November
2004 for stocktaking
purposes

Thank you

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