NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

INSTRUCTIONS

This form is prescribed for use in terms of regulation 2(3) of the National Gambling Regulations, 2004

This form has 04 pages (including this page). There is no fee for filling this form.

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 1/2

APPLICATION FOR CANCELLATION OF REGISTRATION AS AN EXCLUDED PERSON

APPLICANT'S SIGNATURE _____

DATE

This form is prescribed by the Minister of Trade and Industry in terms section 14(2) of the National Gambling Act, 2004 (Act No. 7 of 2004)

APPLICATION FOR REMOVAL FROM THE NATIONAL REGISTER OF EXCLUDED PERSONS

Instructions

- Establish whether applicant understands English, (If the answer is "no" establish applicant's preferred language and arrange for an interpreter). English ☐ Other (Specify) _____
- Establish whether the applicant is presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent her / him from making a rational and informed decision regarding whether or not to execute this application? (If answer is "yes" terminate the interview and re-schedule the interview) Yes ☐ No ☐
- Establish whether the applicant is completing the form in her / his own free will. (An answer of "no" terminates the interview, as the applicant is not eligible for removal from the National Register of Excluded Persons). Yes ☐ No ☐
- Print the answers to questions in black ink.
- Initial pages in the bottom right-hand corner.

I, _____ (full names) hereby apply to the Board to be removed from the National Register of Excluded Persons.

PERSONAL DETAILS

Full names:	

Do you have any other names or aliases?	YES ☐ NO ☐
If yes, list these names or aliases:	

Date of birth:	ID No:

	Physical	Postal
Address:		
Postal code:		

Telephone No.:	(Home)	(Work)
	(Cell)	

E-mail address:	

Gender:	M ☐ F ☐
Registration No:	

1	Yes	No	Have you read the application provided you and do you understand its contents?
2	Yes	No	Do you understand that by asking to be removed from the National Register of Excluded Persons you are accepting that you are a responsible gambler and will be liable for all the consequences of your gambling?
3	Yes	No	Do you understand that if you are removed from the National Register of Excluded Persons, it will be your responsibility to gamble responsibly?
4	Yes	No	Do you understand that the licence holder/regulatory authority requires that you undergo treatment before being removed from the National Register of Excluded Persons?
5	Yes	No	Have you compiled with any requirements of rehabilitation programmes developed for you. (*Attach documentary proof thereof*)

I acknowledge/accept that I am a now a responsible gambler and have been rehabilitated from all gambling problems I had.

_____ _____,2_____
(Signature required) (date) (year)

_____
WITNESS

SIGNED at _____on this _____ day of _____,

2_____.

Waiver/Release

I understand that by filing an application for removal from the National Register of Excluded Persons and by signing this Waiver/Release, I am responsibly for my gambling activities.

I further understand that by signing this form I will not be entitled to pursue legal action against the gambling operator /Board/Provincial Licensing Authority as a result of my participation in gambling.

_____ _____
APPLICANT **WITNESS**

SIGNED at _____ on this _____ day of _____

, 2_____.

TO BE COMPLETED BY THE OFFICIAL ASSISTING IN COMPLETION OF THIS APPLICATION:

I have positively confirmed the identity of the applicant utilising _____ (fill in).

The applicant has signed the above form in my presence.
When signing the application:
the applicant appeared to do so voluntarily and without duress; and
the applicant appeared to be in his sound and sober senses.

DESIGNATION:		**INTERPRETER:**	Yes	No
FULL NAMES:		**FULL NAMES:**		
ADDRESS:		**ADDRESS:**		
OFFICE:		**OFFICE:**		
SIGNATURE:		**SIGNATURE:**		

Additional Notes by the Interviewer:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____