LIMPOPO GAMBLING BOARD



Business History
Disclosure Forms (New Applications)

Name of Applicant:

Application Date:



APPLICATION INSTRUCTIONS

These forms must be submitted for all persons specified in the RFA.

Please note that this form must also be completed by the following corporate entities:

- a) Any legal person holding a <u>direct or indirect</u> financial interest of 5% or greater in the Applicant;
- b) Any legal person which has the power to exercise significant influence over the gambling business to be conducted by the Applicant. A person which may materially contribute towards the determination of policy in respect of the gambling business of an Applicant, or which may involve itself in, or materially in any way intervene in the management of such business, is regarded by the Board as exercising a significant influence over the gambling business of such Applicant. Should a direct shareholder of the Applicant therefore be dormant, a shelf company or purely conduit for funds between the Applicant and the controlling shareholder(s), only the latter should also complete this form.
- i. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in certain questions.
- ii. 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, <u>your application</u> will be considered to be incomplete and may be rejected by the Board.
- iii. If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided for the answer. If there is nothing to disclose about a particular question, write "None" in the space provided for the answer. If an alteration is made to an answer, sign in full next to the alteration.
- iv. 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.
- v. This application form must be completed by the authorised person of the company or close corporation which applies for specific licence indicated on the front page and to be issued by the Limpopo Gambling Board ("Board"). Return the completed form

a: .		
Signature:	 Date:	



- to the Chief Executive Officer, Limpopo Gambling Board, Private Bag X9520, POLOKWANE 0700, Republic of South Africa or, if by hand, to Limpopo Gambling Board, 8 Hans Van Rensburg Street, POLOKWANE, Republic of South Africa.
- vi. The original completed application form and all the additional required information must be submitted to the Board (no copies of the original application or the supporting documentation are required to be submitted).
- vii. If additional space is required 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.
- viii. All amounts must be in **South African Rands**. When converting from a foreign currency to South African Rand or if documents are included which reflect foreign currencies, convert at or quote the **exchange rate** with respect to South African Rand and quote the **date of the rate of exchange**.
 - ix. If any details of the applicant, which are reflected in this application form, change before a licence/finding of suitability certificate has been issued by the Board, the Board must immediately be notified in writing.
 - x. All dates must be in the format: **Day / Month / Year**.

_		
Signature:	 Date	:



2.

1. TICK THE APPROPRIATE BOX TO INDICATE FOR WHICH LICENCE APPLICATION IS MADE:

Management Company of a Casino Operator Limited payout machine route operator Limited payout machine site operator Limited payout machines independent site operator Totalisator operator Totalisator agency site Race-meeting Bookmaker Operator Licence Manufacturer Maintenance or Suppliers Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN TAPPLICANT		ino Operator	
Limited payout machine site operator Limited payout machines independent site operator Totalisator operator Totalisator agency site Race-meeting Bookmaker Operator Licence Manufacturer Maintenance or Suppliers Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Mai	nagement Company of a Casino Operator	
Limited payout machines independent site operator Totalisator operator Totalisator agency site Race-meeting Bookmaker Operator Licence Manufacturer Maintenance or Suppliers Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Lim	nited payout machine route operator	
Totalisator operator Totalisator agency site Race-meeting Bookmaker Operator Licence Manufacturer Maintenance or Suppliers Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Lim	nited payout machine site operator	
Totalisator agency site Race-meeting Bookmaker Operator Licence Manufacturer Maintenance or Suppliers Suitability of Third Party Special event DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Lim	ited payout machines independent site operator	
Race-meeting Bookmaker Operator Licence Manufacturer Maintenance or Suppliers Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Tot	alisator operator	
Bookmaker Operator Licence Manufacturer Maintenance or Suppliers Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Tot	alisator agency site	
Manufacturer Maintenance or Suppliers Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Rac	e-meeting	
Maintenance or Suppliers Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Boo	kmaker Operator Licence	
Suitability of Third Party Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Maı	nufacturer	
Special event A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Mai	ntenance or Suppliers	
A DIRECT OR INDIRECT SHAREHOLDER WITH A 5% OR MORE FINANCIAL INTEREST IN T	Suit	rability of Third Party	
	Spe	cial event	
If applying as direct or indirect shareholder, state the name of the casino/manufacturer/route operator associated with		If applying as direct or indirect shareholder, state the name of the casino/	ТНЕ
		<u> </u>	



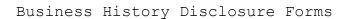
3.

4.

5.

Business History Disclosure Forms

Trading name of busin	
ALL CORRESPONDENCE	O BE ADDRESSED TO:
The Chief Executive (Private Bag X9520 POLOKWANE 0700 Republic of South Afr	Telephone no : 27-15-230 2300 Web site : www.lgb.org.za
DETAILS OF APPLICAN	
Registered name	
Registration number	
Trading name Principal activities	
Trading name Principal activities	
Trading name Principal activities Person to be Contact	ED WITH REGARDS TO THIS APPLICATION
Trading name Principal activities Person to be Contact Name	Title
Trading name Principal activities PERSON TO BE CONTAC Name Telephone No	Title Fax No
Trading name Principal activities Person to be Contact Name	Title
Person to be Contact Name Telephone No E-mail address	Title Fax No Cellphone
Trading name Principal activities PERSON TO BE CONTAC Name Telephone No E-mail address PRINCIPAL BUSINESS A	Title Fax No Cellphone No
Person to be Contact Name Telephone No E-mail address	Title Fax No Cellphone No



6.	REGISTERED	OFFICE OF THE	APPLICANT
v.	KEGISTEKED	OTTICE OF THE	

Street address	
City/Town	Province/State
Postal code	Country
Telephone no	Fax no

7. OTHER NAMES AND ADDRESSES OF THE APPLICANT

State all previous names and addresses under which the applicant has done business in the past five years.

Previous names	Street addresses	City/Town/Province/ Country/Postal Code	Period

8. DESCRIPTION OF THE TYPE OF ENTITY

Indicate what type of legal entity the applicant is:

Limited liability company	
Public unlisted company	
Public listed company	
Foreign company registered as an external company in South Africa	
Close corporation	
Partnership	
Section 21 company	
Trust	
Corporation	

Signature:		Date:	



9. DOCUMENTATION REQUIRED

- 9.1 Where applicable, submit certified true copies of the Memorandum and Articles of Association, Certificate of Incorporation, Founding Document, Charter, Shareholders' Agreement, Partnership Agreement, Trust Deed, certificate(s) of legal name changes and all amendments thereto.
- 9.2 Submit a certified true copy of the **Board or similar resolution authorising the appointment of**the signatory to sign the application documents on behalf of the applicant.
- **9.3** Provide **copies of all agreements concluded** between the **applicant and its shareholders and subsidiaries** and between the applicant and **other parties** pertaining to gambling matters or activities.

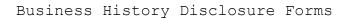
10. DESCRIPTION OF BUSINESS

On a separate page, under the above heading, describe the business history, the present activities and the intended operations of the applicant, its holding company and all subsidiaries. Cover the period for the last five years, or such shorter period as the aforementioned entities have been in operation.

The overview must include information on matters such as the following:

- → Competitive conditions in the industry and the perceived competitive advantage of the applicant.
- → A description of the proposed or existing business and all additional ventures the applicant intends to incorporate in its operation.
- → The sources and availability of resources essential to the successful operation of the business.
- → The importance to the operation and the duration and effect of all material patents, trademarks, licences, franchises and concessions held by the applicant.
- → Any previous gambling operations the applicant has been involved in during the past five years.

Signature:		Date:	
	Page 7 of 34		





11	SHADEHOLDING IE THE	APPLICANT IS A COMPANY
	SHARRHOLDING IR LHR.	APPLICANT IS A COMPANY

Share structure	No of shares authorised	No of shares issued	Par value per share	Premium at issue	Current market value	Classes*	Voting rights
Ordinary shares							
Preference shares							

*	Elaborate	if	there	is	more	than	one	class	of	share	or	classes	of	shares	with	different	voting
ri	ghts.																

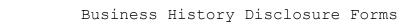
11.1	If the rights of shareholders of any class of shares may be modified other than by a vote, indicate
	this and explain briefly:

11.2. NON – VOTING SHAREHOLDERS

If applicable, give details of all the non – voting shareholders below:

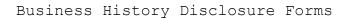
Name &	ID / passport /	Date of birth	Number of	Description	Method of
address of	registration no	in the case of	shares held	of non-	payment
shareholder	of entity	individuals.		voting	for the

Signature:				Date:	
	_	_	c 0.4		





	to voting shares and under what cond		
Qualifiers			
Please Note:			
A Personal History Disclosur	e ("PHD") form must be completed	d by every pe	rson who is
classified below or who qua	lifies in terms of paragraphs (a) o	or (b) of the	"Application
Instructions". In addition, the	Board may, at its discretion, order ad	lditional persor	ns associated
with the company to file such a	a form if it appears that such persons	should be quali	fied in order
to offeet the numbers of the I	mnono Combling Poord Act and Poor	ulations	
to effect the purposes of the Lin	mpopo Gamonng Board Act and Regi	uiations	
to effect the purposes of the Life	mpopo Gamoning Board Act and Regi	urations	
	mpopo Gamoning Board Act and Regi	urations	
INVOLVEMENT			trustees of the
INVOLVEMENT Direct shareholding - list all	the owners, being direct shareholders		trustees of the
INVOLVEMENT		s, members or	
INVOLVEMENT Direct shareholding - list all	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders	s, members or	
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	s, members or	% of share-
Involvement Direct shareholding - list all applicant below:	ID no/ passport no /registration no of entity *	No. of shares held	% of share-holding
Involvement Direct shareholding - list all applicant below:	the owners, being direct shareholders ID no/ passport no	No. of shares held	% of share-





<u>Indirect shareholding</u> - list all the owners, being shareholders, members or trustees of the applicant with a 5% or greater indirect shareholding below:

Name of owner	ID no/ passport no /registration no of entity *	No. of shares held	% of indirect shareholding in applicant
	TOTAL SHARE	HOLDING	100%

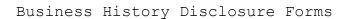
^{*} Provide the date of birth and the nationality should the owner not be a RSA citizen.

<u>Directors</u> – List all the directors of the applicant.

Full name	ID no/ passport no *	Designated position	Executive /Non- executive	Representing which shareholder

^{*} Provide the date of birth and nationality should the director not be a RSA citizen.

Signature:		Date:	
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Executive Management - List the executive management of the applicant.

Full name	ID no/ passport no *	Designated position

13. DIAGRAMMATIC REPRESENTATION OF OWNERSHIP

If question 12 above indicates any entity as holding any shares, a partnership interest or any other ownership interest in the applicant, prepare a diagrammatic flowchart which illustrates the entire relationship of all the entities involved with the applicant as an attachment labeled "Question 8". List all legal and natural persons, who each hold a direct or indirect financial interest of 5% or more in the applicant, clearly indicating the respective shareholdings in each entity, including the applicant. If the ultimate holding company of the applicant is a public company and no natural person controls 5% or more of the publicly traded shares, indicate this fact in a footnote to the flowchart.

Signature:	 Da	ate:

^{*} Provide the date of birth and nationality should the director not be a RSA citizen.



14. BONUSES, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED REMUNERATION, OR SIMILAR PLANS

Describe all existing bonuses, profit sharing, pension retirement, deferred remuneration or similar plans by the applicant in the format below. If there is insufficient space, please continue on additional pages, using the same format, clearly identifying the questions.

Name of trustee(s) or the person(s	
administering the plan	
Address of the trustee(s) or the	e
person(s) administering the plan	
Telephone no	
Material features of the plan	
Methods of financing the plan	
	1
dentity of each group of persons wh	no is participating or who will participate in the pla
ndicating the approximate number of pe	ersons in each group
Amounts distributed under the plan to ea	ach group of persons during the last financial year, if th
Amounts distributed under the plan to each	
_	
_	
_	
_	
_	
_	
_	

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15.	SHARE OPTIONS								
15.1	Describe in detail any options existing in respect of shares issued or to be issued by the applicant.								
	The description must	The description must include the title and number of shares subject to the option, the							
	reason/purpose of the o	ption, the year(s) dur	ing which the opt	ions have been or	will be granted,				
	the conditions under wh	nich the options have	been or will be gr	ranted, the moneta	ary consideration				
	in respect of the option	or the formula used t	to determine the v	alue of the option,	, the terms under				
	which option holders	became, or will bec	come, entitled to	exercise the opt	ions, the period				
	involved for exercising	the options and the d	ate of expiry of th	e options. For the	purposes of this				
	application, "option" m	eans the right, warra	nt or option to su	bscribe to or pure	chase any shares				
	issued by the company.	(Continue on a separa	ate page, if there is	s insufficient space	e)				
15.2	Identify all persons holding the options as described in A and complete the table below:								
	Name of persons	Relationship	No of shares	Market value	Current				
			No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares	Market value	Current				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				
		Relationship	No of shares involved in	Market value of the option	Current market value				



16. DESCRIPTION OF LONG TERM DEBT

Indicate the current holders, terms and conditions of all outstanding bonds, loans, mortgages, redeemable preference shares, notes, debentures or other forms of indebtedness issued or executed (including loans made to shareholders) which mature more than one year from the date of issue or which, according to their terms, are renewable for a period of more than one year from the date of issue. Complete the table below for this purpose.

Name & address of	ID/ pass-	Type &	Effective	Maturity	Original	Current	Security	Reason for debt
creditor	port/registrati	class of	interest	date	amount of	outstanding	given	incurred
	on of entity *	debt	rate		debt	amount of	for debt	

^{*} Provide the date of birth and nationality should the individual not be a RSA citizen.

Signature:	Date: _	



17. OTHER INDEBTEDNESS

Furnish the information below with respect to all other outstanding indebtedness other than those described in question 16.

Name &	ID/ pass-	Description of	Effective	Maturity	Original	Current	Security	Reason for debt
address of	port/registration	debt	interest rate	date	amount of	outstanding	given	incurred
creditor	of entity *		p.a.		debt	amount of	for debt	

^{*} Provide the date of birth and nationality should the individual not be a RSA citizen

Date:



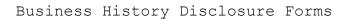
18. FINANCIAL INSTITUTIONS

18.1 Furnish the information below in respect of all bank accounts currently held with any financial institution, whether domestic or foreign, regardless of whether such account was held in the name of the applicant or a nominee of the applicant or was otherwise under the direct or indirect control of the applicant.

Name & street address of financial	Name of account holder	Type of account(s)	Account number	Period of time	Balance of
institution				account	account
				held	

^{*} Provide copies of statements of all the accounts indicated above which will reflect all transactions for the past three months.

Signature:	 Date:	





18.2 Furnish the information below in respect of all bank accounts closed during the past five years at any financial institution, whether domestic or foreign, regardless of whether such account was held in the name of the applicant or a nominee of the applicant or was otherwise under the direct or indirect control of the applicant.

Name & street	Name of	Type of	Account	Period of	Reasons
address of financial	account holder	account(s)	number	time account	for closing
institution				held	the
				(from/to)	account

19. SHARES HELD BY COMPANY

Furnish the information below in respect of each company in which the applicant holds shares.

Name of	Reg. no	Type of	Purchase	Number	Date	Percentage	Current
company	of	shares	price of	of shares	acquired	ownership	market
	company	held	shares	held		held	value

Signature:		Date:	
orgina care.		Date.	

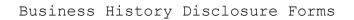


20. SHARE TRANSACTIONS

Furnish the information below for each change, within the **five years** preceding the date of this application, in the beneficial financial ownership of the shareholding of the applicant on the part of any person who is directly a beneficial owner of 5% or more of any class of share in the company, or who is, or was, a director or an official of the company within that period. (Include changes resulting from a sale, a donation, the exercise of an option to purchase or to sell or any other share transaction).

Date of transaction	Nature of transaction	Name of buyer	Name of seller	Number of shares involved	Value of the transaction	Method of payment

Signature:		Date:





21. CONTRACTORS AND SUPPLIERS

Furnish the information below with respect to all entities with whom the applicant has contracts or agreements valued at R100 000 or more, or from whom the company has received R100 000 or more in goods or services in the **six months** preceding this application.

Name of	Street address	Nature of goods	Value of	Method of
contractor/supplier	& telephone no	or services	contract	payment

22.	FINANCIAL INTERESTS W	HICH THE APPL	ICANT HAS IN ANY	OTHER BUSINESS	SES, EXCLUDING
	SHARES				
	Describe below the natural	re and extent of	f any business inter	rest the applicant	has in any other
	businesses.				



23. CRIMINAL AND RELATED HISTORY

This question requests information about any offences the applicant, its officers, owners, or subsidiaries may have committed or may have been charged with. Prior to answering this question, carefully study the definitions and instructions below.

For the purposes of this application form: -

"Offence" includes all crimes, felonies, misdemeanors, or criminal offences regardless of their classification, and includes offences 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 committing of any offence.

"Officer" includes all directors, executive management and trustees.

"Owner" includes all shareholders, members, partners, trusts with a direct or indirect financial interest of 5% or more in the applicant.

Where an applicant has been charged, answer of "yes" must be given and all relevant information provided to the best of your ability, even if:

- → the applicant did not commit the offence with which it was charged;
- → the charge was dismissed or withdrawn;
- → the applicant was not convicted or
- → the charges or offences happened more than ten years ago.

If the records relating to the charges have been expunged by court order, answer "no" and attach a copy of the expunction order to this application, labeling it "Attachment to question 23".

Signature:		Date:



23.1 OFFICIAL ENQUIRY

Has the applicant, its owners, officers or any of its subsidiaries (if a company) in the past ten years ever been subjected to an official enquiry by any regulatory body, government or provincial department, law enforcement agencies or gaming authorities?

	YES	NO			
If yes, provide deta	ils below:				

23.2 INDICTMENTS, CHARGES AND CONVICTIONS

Has the applicant, its owners, officers or any of its subsidiaries (if the applicant is a company) ever been indicted, charged* with or convicted of a criminal or disorderly persons' offence or been a party or named as an indicted co-accused or co-conspirator in any criminal proceeding in any jurisdiction?

YES NO	YES		NO	
--------	-----	--	----	--

If yes, complete the table below:

Case number	Nature of charge or complaint	Date	Name & address of Act enforcement agency	Court involved	Outcome	Sentence

Signature:		Date:	
Signature:		Date:	



24. TRADE REGULATIONS AND SECURITIES JUDGMENTS

Has the applicant, its owners, officers or any of its subsidiaries (if the applicant is a company) ever had a judgment, consent, decree or consent order pertaining to a violation or alleged violation of trade regulations or securities Acts or similar Acts of any country, entered against it?

YES	NO	

If yes, complete the table below:

Case number	Name & address of court or agency	Nature of judgement, decree or order	Date entered

25. INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT OR TRUSTEES

25.1 Has the applicant, its owners, officers or any associated company had any application or petition under any provision of any insolvency or bankruptcy legislation filed by or against it during the ten years preceding the date of this application?

YES	NO	
-----	----	--

If yes, provide details below:



.2	Has the applicant, i	its owners, offi	cers or any asso	ciated comp	oany sought relie	ef under any provi	ision
	of any insolvency	or bankruptc	y legislation d	uring the t	en years preced	ling the date of	this
	application?						
		YES	NO				
	TC		·				
	If yes, provide deta	ils below:					
	INSURANCE						
1	Has the applicant e	ever suffered da	amages to or sus	tained any l	losses of any of	its assets in respe	ct of
	which an insurance	payment of mo	ore than R250 0	00 or the eq	uivalent thereof	was paid out?	
		YES	NO				
	If yes, provide detai	ls below includ	ding the name of	the insuran	ice company, the	e insurance broker	the,
	number of the insura	ance policy, the	e claim number a	nd the natu	re of the damage	or loss.	
	·						



	YES	NO				
	details below inclu			nce compan	y, the insurar	nce broker, the
Jos o alaim of t	the applicant ever	been investigate	d by an insu	rance agen	cy?	
ias a ciaiiii oi	ine applicant ever	C		rance agen		
ias a ciaini oi (YES	NO				
	YES details below, inc	NO			ce company a	and the reason
f yes, provide	YES details below, inc	NO			ce company a	and the reason
f yes, provide	YES details below, inc	NO			ce company a	and the reason
f yes, provide	YES details below, inc	NO			ce company a	and the reason
f yes, provide	YES details below, inc	NO			ce company a	and the reason
f yes, provide	YES details below, inc	NO			ce company a	and the reason
f yes, provide	YES details below, inc	NO			ce company a	and the reason
f yes, provide	YES details below, inc	NO			ee company a	and the reason



27. EXISTING LITIGATION

Is the applicant, any owner, officer or subsidiary currently involved in any litigation?

YES	NO	

If yes, on a **separate pages under the above number and heading**, describe all existing civil litigation in which the applicant, owner, officer or subsidiary is currently involved with, whether in the Limpopo Province or in any other jurisdiction. Exclude any case for monetary damages where the damages are not expected to exceed R100 000 or the equivalent thereof.

The description must include all the relevant details such as the title, case number, name and address of the court where the case is pending, the identity of all the parties, a summary of the charge and the general nature of all claims being made as well as the next date to appear in court.

28. GAMBLING LICENCES

Provide details below of all gambling-related licences currently or previously held and applications pending:

Name, address, tel. no. of jurisdiction	Date of licence	Outcome of application	Type of licence	Licence number &	Indicate current /
which issued the	granted	incl. specific		expiry	pending
licence		conditions		date	

^{*} Provide copies of all licences granted as well as the conditions attached to each licence.

Signature:		Date:
Signature.		



29. Non-Gambling Licences

Has the applicant ever made application to a licensing agency, other than a gambling authority, for a licence, permit, and certificate of qualification or similar authorisation to conduct any type of activity, e.g. the sale or distribution of liquor?

YES	NO	

If yes, complete the table below.

Date of	Name & address	Type of licence,	Outcome of	Licence/other
application	of licensing	specifying nature	application	number & expiry
	authority	of activity		date

30. LICENCES DENIED, SUSPENDED OR REVOKED

In the five years preceding the date of this application, has the applicant had any licence or certificate issued by a government agency or licensing authority in any jurisdiction, denied, suspended or revoked?

YES	NO	

If yes, complete the table below.

Type of licence or	Name &	Action taken	Date	Reason
certificate	address of	by the agency		
	authority			

Signature:	 Date:	
- 9		



31. CONTRIBUTIONS AND DISBURSEMENTS

31.1	In the five years preceding the date of this application, has the applicant, any owner, officer,
	partner, employee or any third party acting for or on behalf of the applicant offered or been alleged
	to have offered any inducements, financial or otherwise, to any employee, company, organisation or
	government official, either domestic or foreign, to obtain favourable and / or preferential treatment?

	YES	NO		
If yes, provide deta	ils below.			

31.2 Have any funds or property of the applicant, its owners, directors or officers been donated or loaned for the purpose of opposing or supporting any government, political party, political campaign, candidate or committee, either domestic or foreign?

YES	NO	
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If yes, provide details below.

Signature: _____ Date: ____



isbursements to description dividuals for politing for political for pol	YES	_				purpose of	reimbursing such
	YES	outions, eitl		stic or fore	ign?		
f yes, provide detai			NO				
f yes, provide detai			NO				
f yes, provide detai	ls below.				_		
				-			-
n the name of a nor	ninee for th	ne compan	y or as a i	nominee fo	or another	company of	or business entity?
	YES		NO				
f yes, provide detai	ls below.						
ist the names and	addresses	of any pre	sent or fo	ormer direc	ctor, offic	er, partner,	employee or third
earty who would ha	ave knowle	edge or inf	ormation	concernin	g the que	stions affin	matively answered
nder 31.1 to 31.4 a	bove.						
Name			Contacta	ble addre	SS	Telep	none, fax or cell
		(also e	-mail ad	dress if av	ailable)	ph	one numbers
		1					
f	ist the names and arty who would hander 31.1 to 31.4 a	Tyes f yes, provide details below. ist the names and addresses arty who would have knowled ander 31.1 to 31.4 above.	Tyes Tyes, provide details below. The names and addresses of any prearty who would have knowledge or infinder 31.1 to 31.4 above. Name	Types NO YES NO If yes, provide details below. A state the names and addresses of any present or for arty who would have knowledge or information ander 31.1 to 31.4 above. Name Contacta	Types the name of a nominee for the company or as a nominee for the name of a nominee for the company or as a nominee for the name of the name of a nominee for the name of the name of the name of the name of a nominee for the name of	the name of a nominee for the company or as a nominee for another YES NO is the names and addresses of any present or former director, office arty who would have knowledge or information concerning the questioner 31.1 to 31.4 above.	ist the names and addresses of any present or former director, officer, partner, arty who would have knowledge or information concerning the questions affir nder 31.1 to 31.4 above. Name Contactable address Teleple



32. ATTACHMENTS (ALL DOCUMENTATION MUST BE SUPPLIED IN ENGLISH)

The following documents must be appended to this application form:

32.1 Audited financial statements of the applicant for the past three years.

If the applicant has been dormant or has been newly acquired, audited statements are still required to satisfy the investigative authority that the applicant has no material liabilities or contingent liabilities.

- 32.2 Annual reports of the owners of the applicant for the past three years.
- 32.3 Management accounts following the last audited financial statements to present date.

32.4 Organisational chart

Submit an organisational chart in respect of the applicant, which illustrates the organisational hierarchy and job descriptions with the names of all the incumbents, including all governance structures, e.g. audit and similar committees.

33. TAX INFORMATION

33.1 Complete the tax details in respect of the applicant requested below:

Income tax reference no	Tax authority location
VATreference no	RSC reference no
PAYE reference no	UIF reference no
WCA reference no	SDL reference no

^{*}Provide the equivalent documents if from a foreign country

WCA = Workmens Compensation Act	PAYE = Pay As You Earn
RSC = Regional Services Council	VAT = Value-Added Tax
IJIF = Unemployment Insurance Fund	SDL = Skills Development Levies

Signature: Date:	
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33.2	Has the applicant submitted its income tax returns for the three years directly preceding the date of
	this application to the relevant Authorities?

YES	NO	

If yes, and the applicant is registered in South Africa, attach certified true and legible copies of all the pages and supporting schedules of the tax returns covering those three years, the corresponding tax assessments and any attachments to the tax returns as well as a tax clearance certificate. Foreign businesses must furnish tax clearance certificates or the equivalent from the country of origin.

If **no**, give an explanation below.

(Documentation	in	respect	of	any	extension	granted	by	any	Tax	Authority	must	also	be
attached).													

The following documentation must also be attached if the Tax Authority is in South Africa:	

→ Copies of the VAT returns submitted to the South African Revenue Services for the 12 months preceding the date of this application.

- ightarrow A current PAYE statement of account for the applicant.
- → A current RSC statement of account for the applicant.
- ightarrow A current UIF statement of account for the applicant.
- → A current WCA statement of account for the applicant.
- ightarrow A current SDL statement of account for the applicant.

Signature:		Date:	
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AFFIDAVIT

	(Full names), do hereby make an oat l say that:		
a)	I am duly authorised to make this declaration on behalf of		
	(name of entity represented);		
)	I am aware that the Board may refuse a licence to any applicant that supplies information to the		
	Board which is untrue or misleading as to a material fact pertaining to the qualification criteria;		
2)	The particulars contained herein are to the best of my knowledge and belief true and correct i		
	every detail and I have fully disclosed the information required in completing this form.		
	Signature of Deponent Date		
c) Γhi	He/she considers the prescribed oath to be binding on his/her conscience.		
	is declaration was sworn / affirmed * before me at on this day (month) (vear)		
of_	is declaration was sworn / affirmed * before me at on this day (month), (year). elete which is not applicable		
of_	(month), (year). elete which is not applicable		
of_	(month), (year).		
of_	(month), (year). elete which is not applicable		
De	(month), (year). elete which is not applicable		



AUTHORISATION FOR EXAMINATION AND RELEASE OF INFORMATION

TO: All courts, probation departments, employers, educational institutions, banks, financial and other institutions, the Receiver of Revenue, credit bureaux, law agencies, all other agencies and institutions without exception, both domestic and foreign, and to whomsoever else this authorisation may duly be presented.

I HEREBY AUTHORISE the Chief Executive Officer of the Limpopo Gambling Board or any person authorised by an original LETTER OF AUTHORITY, signed by the Chief Executive Officer ("an authorised delegate"), to have access to, in order to inspect and to obtain copies of:

- a) any credit report, financial report, tax report, value added tax report, employee's tax records and all other entities in which I have a financial or personal interest, or legal or personal information derived from those reports or any other report which has any bearing on my creditworthiness, credit history, credit standing or credit capacity;
- b) any loan information, cheque account records, saving deposit records, safety deposit box records, savings book records, bank statements and credit card statements pertaining to me;
- any records relating to any investigations into my activities conducted by any police force, crime investigation agencies, corporate regulatory agencies or any gambling or 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.

Signature:		Date:



You are HEREBY AUTHORISED to release to the Chief Executive Officer of the Limpopo Gambling Board or an authorised delegate, 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.

Signature of Deponent	Date	Signature- Witness 1	Witness 1 Print name	Signature- Witness 2	Witness 2 Print name

Note: This Authorisation must be accompanied by a Board resolution authorising the signatory to execute same.

Signature:	Date:	
-		



ACCESS TO TAX RECORDS

Signature-Witness 1 Place: Note: This Authorisati		Signature-Witness 2	Witness 2 Print name norising the signatory
Signature-Witness 1		Signature-Witness 2	
	Address of the Appl	licant	
who warrants his/her au	thority		
For and on behalf of the	Applicant:		
igned at	on this	day of	
ourposes of consideration	on of this application.		
ecords as may be requ	uested by the Board and	to place the Board in posse	ession thereof for the
r possession any reco	ords pertaining to the cor	porate tax returns of the Ap	plicant, such of those
com the Receiver of Re	evenue or any similar tax a	authority wherever located, w	hich has in its custody
applicant therefore und	lertakes, upon request by t	the Limpopo Gambling Board	("Board"), to procure
		recorns or one represent is j	protected by Act. The
	fidentiality of income tax	returns of the Applicant is a	11