

FORM 1
GAMBLING BOARD

APPLICATION AS KEY EMPLOYEE OF TOTALISATOR OR BOOKMAKER
PROVINCE GAMBLING ACT, 2013 (ACT NO.3 OF 2013)

Regulation 4(1)

Description of capacity in which the person to whom this form relates is associated with the function and operation of the project which is the subject of this application for Licences:

1. PERSON WHO IS SUBJECT OF THIS FORM

Full Names _____
First Middle Maiden (If applicable) Surname

Date of birth ____ / ____ / ____ Place of birth _____

I D no _____

Gender: _____ Race: _____

Passport no _____ Date of issue ____ / ____ / ____

Date of Expiry _____ Place of issue _____

(Attach a certified copy of ID document and Passport)

Home address _____

Suburb/Area _____ Postal code _____

Town/City _____ Country _____

Telephone no (home) ____ / ____ Fax no ____ / ____

Cell phone no _____ E-mail address _____

Other names you have used or by which you have been known _____

Details of all legal name changes _____

Current business address _____

Signature _____

Date _____

Suburb/Area _____	Postal code _____
Town/City _____	Country _____
Telephone no (work) _____ / _____	Fax no _____ / _____

Signature _____

Date _____

2. PHOTOGRAPH

Please note:

1. Your name and address must be printed on the back of the photograph.
2. Submit a recent photograph.
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)

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"/>

Foreign Nationals must attach certified copies of visa, work permit or permanent residence, if applicable.

Married Single Divorced Widowed Unmarried
 and living together as if married

How many times have you been married? _____

A. Current Marriage or Spouse

SPOUSE / COMMON LAW SPOUSE / PARTNER

Full Names _____
First Middle Maiden (If applicable) Surname

Other name used or by which Known _____

Street address _____

Town/City _____ Country _____

Date of birth _____ / _____ / _____ Place of birth _____

Date of marriage / Commencement of current relationship _____ / _____ / _____

ID no _____

Employers in last 5 years and dates _____

Address and phone number of current employer _____

B. Previous Marriages or Spouse

SPOUSE / COMMON LAW SPOUSE / PARTNER

Full Names _____
First Middle Maiden (If applicable) Surname

Signature _____

Date _____

Other name used or by which Known _____

Street address _____

Town/City _____ Country _____

Date of birth ____ / ____ / ____ Place of birth _____

Date of marriage / Commencement of current relationship ____ / ____ / ____

Date of Annulment, Separation or Divorce: ____ / ____ / ____

I D no _____

Employers in last 5 years and dates _____

Address and phone number of current employer _____

PARENTS' PARTICULARS

Full name of Father: _____

Father's date of birth: _____

Father's occupation: _____

Full name of Mother: _____

Mother's date of birth: _____

Mother's occupation: _____

CHILD / STEP-CHILD

First name _____ Middle name(s) _____ Surname _____

Street address _____

Town/City _____ Country _____

Date of birth ____ / ____ / ____ Place of birth _____

I D no _____

Names & registration numbers of all trusts of which child/step-child is a beneficiary

Current/last employer _____

Address of employer _____

Signature _____

Date _____

CHILD / STEP-CHILD

First name Middle name(s) Surname
Street address _____
Town/City _____ Country _____
Date of birth ____ / ____ / ____ Place of birth _____
I D no _____
Names & registration numbers of all trusts of which child/step-child is a beneficiary

Current/last employer _____
Address of employer _____

CHILD / STEP-CHILD

First name Middle name(s) Surname
Street address _____
Town/City _____ Country _____
Date of birth ____ / ____ / ____ Place of birth _____
I D no _____
Names & registration numbers of all trusts of which child/step-child is a beneficiary

Current/last employer _____
Address of employer _____

Signature _____

Date _____

(Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question)

Please mark the appropriate response regarding your child support obligations:

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order (indicate amount in 5a. above); or

I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the public agency/court enforcing the order for the repayment of the amount owed pursuant to the order.

Identify the public agency/court responsible for enforcing the child support order:

Name _____

Address _____

Contact Person _____

Are you a family member of a member of the Gambling Board?

Yes

No

If yes, Indicate who and your relationship: _____

(Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question)

5. ACADEMIC INFORMATION

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

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

Signature _____

Date _____

Attach certified copies of all tertiary qualifications obtained)

Signature _____

Date _____

5.2. Have you ever been suspended or expelled from any academic institution?

Yes No

If "yes", complete the following table:

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

6. EMPLOYMENT INFORMATION

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.

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)

Signature _____

Date _____

7. DISCIPLINARY ACTIONS

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

Yes No

If yes, provide details:

8. MOTOR VEHICLE INFORMATION

Complete the following table in respect of all vehicles (cars, trucks, motor cycles, recreational vehicles, aeroplanes, boats etc.) currently registered in your name or the name(s) of your spouse or the persons residing with you as well as company vehicles driven by yourself or persons mentioned above.

Date of purchas	Make	Model and year of manufacture	Registration number	Registered owner

(Attach certified and legible copies of each vehicle registration certificate)

Signature _____

Date _____

9. VEHICLE DRIVING LICENCE INFORMATION

List all vehicle driving licences which you have held during the last **five** years.

Date issued	Licence number	Type of licence	Issuing jurisdiction	Expiry date of licence

(Attach certified copies of your driving licences)

10. CIVIL PROCEEDINGS

10.1. 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 _____

Date _____

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

Yes No

If yes, give details below:

10.3 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 (specify current status of a debt, the balance thereof, and attach a certified copy of any repayment agreements entered into in respect of a debt):

11. 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:

Signature _____

Date _____

12. 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

If yes, provide details below:

13. SUMMONSES AND SUBPOENAS

Have you ever been summonsed, subpoenaed, requested or otherwise required to appear or to testify in any court of law or commission of enquiry, committee, or regulatory body, other than in response to a traffic summons where an admission of guilt fine was payable WITHOUT the obligation to appear in Court, or has your spouse or partner or any business entity in which you hold or have held an ownership, interest ever been so summonsed, subpoenaed, requested or otherwise required to appear or to testify?

Yes No

If yes, state below the name and address of the court or other agency involved, the case number, if applicable, the nature of the proceedings, whether testimony was given and, if so, the dates on which the testimony was given:

Signature _____

Date _____

14. INVESTIGATIONS

Have you ever been the subject of an investigation conducted by a government investigative agency or any other agency for any reason or has your spouse or partner or a business entity in which you hold or have held an ownership interest, been the subject of such an investigation during the past ten years?

Yes No

If yes, state below the name and address of the investigative agency, the nature of the investigation, the period of time during which the investigation was in progress and the outcome of the investigation.

15. 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

16. CRIMINAL OFFENCES

The next question asks about any arrests, charges or offenses you, your spouse or your children may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

A. **“Arrest”** includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any “offence.”

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

Signature _____

Date _____

C. **“Offence”** includes **all** common law and statutory crimes, misdemeanors, 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.

INSTRUCTIONS: 1. Answer **“YES”** and provide all information to the best of your ability **EVEN IF:**

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 –

- you did not commit the offence relating to charge;
- the charge was withdrawn or dismissed or subsequently downgraded to a lesser charge;
- the prosecution was abandoned or stopped the;
- you were not convicted but acquitted, or
- you did not serve any time in prison or jail
- the charges or alleged offences to which they related were brought more than ten years ago.

IMPORTANT

We will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity

Have you ever been arrested for, charged with, or convicted of a criminal offence or has any member of your immediate family ever been so arrested, charged or convicted?

Yes No

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

17. INVOLVEMENT IN CRIMINAL PROCEEDINGS

Have any member of your immediate family ever been involved in criminal proceedings?

Signature _____

Date _____

Yes

No

If yes, complete the table below:

Date	Name or relationship	Name & address of court or agency	Nature of proceedings and involvement

Signature _____

Date _____

18. PARDONS

Have you or any of your immediate family ever received a pardon in respect of any criminal offence

Yes

No

If yes, complete the table below:

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

19. CRIMINAL CONNECTIONS

Are you related to or connected or acquainted or involved with anyone whom you know to be or have reason to believe, is involved in some **kind of illegal or criminal** activity?

Yes

No

If yes, provide details below:

Signature _____

Date _____

20. INSURANCE

20.1. Have you ever sustained either a personal or business loss in respect of which an insurance payment of more than R100 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, the claim number and values involved.

20.2 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, the claim number and values involved.

20.3. Have you ever ceded an insurance policy?

Yes No

If yes, provide details below, including the policy number, to whom ceded, for what reason and values involved.

Signature _____

Date _____

21. GAMBLING LICENCES AND ACTIVITIES

21.1. Provide details below of all **current or previous** gambling-related licences:

Date of application/ investigation	Name & address, tel. & fax of	Type of licence	Status of application or licence	Licence number

21.2 Provide details below of all gambling licence applications **currently pending**:

Date of application/ investigation	Name & address, tel. & fax of jurisdiction	Type of licence applied for	Anticipated date of decision	Status of application/ investigation

Signature _____

Date _____

21.3. Provide details below of any business in which you have a financial interest of any kind and which is making application to be licensed or is licensed by the Board.

Name and address of business entity	Nature of your interest/investment	Amount of your interest/investment	% ownership in the business entity

21.4. Provide details below in respect of each person or business entity which has provided finance or anything else of value to assist you or your business entity in financing the investment(s) or interest(s) identified in question 21.3

Name & address of person / entity	Relationship with applicant	Nature of finance	Amount of finance	Terms of the advance

21.5 Will you be actively involved in the management or operation of the above entity/ies currently licensed or to be licensed?

Yes No

If yes, describe the extent and nature of your potential involvement:

Signature _____

Date _____

21.6. Do you hold or have you ever held a financial or an ownership interest in any gambling venture, whether licensed or unlicensed?

Yes

No

If yes, describe below every such interest:

22. TAX INFORMATION

22.1. Have you filed your income tax returns for the **three** years directly preceding the date of this application? All persons (SA and foreign) who are subjects of this form are required to submit original tax certificates, or equivalent, which are less than 3 months old.

Yes

No

ALL APPLICANTS resident in South Africa must attach certified and legible copies of all the pages and supporting schedules of their tax returns covering those three years as well as the corresponding tax assessments and attachments. Applicants resident outside of South Africa may file copies of tax returns and assessments for such period OR a tax clearance certificate or the equivalent from the country of origin. A foreign tax return and assessment in a language other than English must be accompanied by a certified English translation.

Tax reference no _____ Tax authority location _____
Compliance Clearance Pin: _____

If no, give an explanation below and provide personal income statements and balance sheets for those three years.

Signature _____

Date _____

22.2. Have you ever been granted an **extension** for rendering a tax return?

Yes

No

If yes, state the reasons for the extension granted in the space below.

22.3. Have you ever been delinquent in submitting any tax returns or paying any financial obligations to any tax authority?

Yes

No

If yes, state reasons below for not submitting your tax returns or the unpaid amount and the tax authority involved.

23. ATTACHMENTS

Have your wages, salary, earnings or other income ever been garnished or attached or any similar action taken during the last five years?

Yes

No

If yes, complete the table below:

Date filed	Case number	Name & address of court	Nature & amount of order	Name & address of creditor

Signature _____

Date _____

24. BANKRUPTCY/INSOLVENCY

Have you ever been declared legally insolvent or bankrupt or have you ever filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes

No

If yes, complete the table below and provide a certified and legible copy of the court order.

Date filed	Case number	Name & address of court	Name & address of filing party	Name, address & tel. no of trustee

If rehabilitated, provide details and a certified and legible copy of the rehabilitation order.

25. UNSUCCESSFUL BUSINESSES

Provide details below of any unsuccessful or abandoned businesses in respect of which you were the owner or the controlling shareholder or where you had a financial interest of more than 25%.

Signature _____

Date _____

26. DIRECTORSHIPS

List all directorships currently or previously held, include membership of close corporations.

Date (Yr to Yr)	Name of company	Registered address of company	Income tax reference no of co.	Type of directorship held	Entity registration no.

27. FOREIGN ASSETS

Do you own or control any assets or liabilities outside your country of residence?

Yes No

If yes, provide details below as well as in the schedules provided with the Statement of Assets and Liabilities.

28. CONTROL OF ASSETS

Do you control, manage or hold in **trust** any assets or liabilities for any other person or entity?

Yes No

If yes, provide details below and provide a certified and legible copy of all trust deeds as well as the latest audited financial statements of all such trusts. State whether you are a donor, trustee or beneficiary of any trust.

Signature _____

Date _____

29. BANK ACCOUNTS IN ALL COUNTRIES

Have you or your spouse opened or closed any bank account which was issued in your name, your spouse's name or in the name of any entity which you or your spouse controlled, during the five years preceding the date of this application?

Yes

No

If yes, provide details below:

Date opened/closed	Bank & branch where account was opened/closed	Name & no. of account	Balance of account as at date of application	If closed, reason for closing & the destination of the proceeds

Provide copies of the statements of every bank account held in your or your spouse's name for the past three months.

Signature _____

Date _____

30. MONTHLY INCOME & EXPENDITURE STATEMENT

Provide details below of your average monthly income and expenditure based on the average for the three months preceding the date of this application. All amounts must be in South African Rand.

INCOME	APPLICANT	SPOUSE	TOTAL
Salary (net) / Drawings			
Fees (Directors / consultancy)			
Rental received			
Interest			
Dividends			
Repayments of loans			
Other income (specify)			
TOTAL INCOME (A)			
EXPENDITURE	APPLICANT	SPOUSE	TOTAL
Maintenance (child support) (if applicable)			
Bond repayment/rental of house			
Clothes			
Credit card accounts			
Electricity & water			
Entertainment			
Food and liquor			
Insurance premiums / savings			
Maintenance of property			
Medical expenses			
Motor vehicle running expenses			
Repayment of loans (other)			
Telephone			
Travelling			
Other expenses (specify)			
TOTAL EXPENDITURE (B)			
NET INCOME / (DEFICIT) (A - B)			

Signature _____

Date _____

31. STATEMENT OF ASSETS AND LIABILITIES

DATE OF STATEMENT _____ / _____ / _____

List the values of all assets, both tangible and intangible, in the appropriate spaces below. Enter only Rand amounts as on the date of this statement. The statement date must be as recent as possible. Each listed asset must be described fully in the appropriate attached schedule. Provide either current actual values or current market values as appropriate.

31.1 ASSETS

Assets	Applicant	Schedule	Spouse & minor children
Accounts/monies receivable/tax/ tax overpaid		A	
Bank accounts		B	
Cash on hand (on person, in safe etc.)			
Credit card accounts in credit		C	
Household & personal effects		D	
Listed investments (shares & bonds)		E	
Non-listed investments		F	
Property		G	
Surrender value of insurance policies		H	
Unit trusts		I	
Vehicles, planes, boats etc		J	
Other assets (specify)		K	
TOTAL ASSETS (A)			

Signature _____

Date _____

31.2. LIABILITIES

Liabilities	Applicant	Schedule	Spouse & minor children
Bank overdraft outstanding		B	
Bonds/mortgages payable		L	
Credit card accounts		C	
Hire purchase accounts payable		M	
Loans payable (secured or unsecured)		N	
Other liabilities payable (specify)		O	
Tax payable (as per your assessment)			
TOTAL LIABILITIES (B)			

NET WORTH (A – B)			
--------------------------	--	--	--

32. CONTINGENT LIABILITIES

List all contingent liabilities (e.g. guarantees given) as well as the amounts involved.

Contingent liabilities	Applicant	Schedule	Spouse
		P	
		P	
		P	
		P	

33. SCHEDULES “A” TO “P” SUPPORTING ASSETS AND LIABILITIES

Complete these schedules as specifically and meaningfully as you can, without omissions, adjusting column and row headings if necessary to ensure clarity and eliminate ambiguity, and attach supporting documentation to provide any necessary elucidation to assist the Board’s investigation without having to raise enquiries.

Signature _____

Date _____

SCHEDULE A

ACCOUNTS / MONIES RECEIVABLE / TAX OVERPAID

Name & address of debtor	Date incurred	Original amount	Unpaid balance	Payment period	Monthly repayments	Maturity date	Origin of debtor account	Collateral held for debt
APPLICANT:								
SPOUSE & MINOR CHILDREN:								

Signature _____

Date _____

**SCHEDULE B
BANK ACCOUNTS**

Name & address of financial institution	Name(s) of person(s) appearing on account	Account no	Type of account	Date opened	Interest rate (%)	Interest received	Interest paid	Credit balance* as at.....	Debit balance* as at.....
APPLICANT:									
SPOUSE & MINOR CHILDREN:									

* REFLECT EITHER A CREDIT OR A DEBIT BALANCE AS AT THE DATE OF THE APPLICATION.

SCHEDULE C

Signature _____

Date _____

CREDIT CARD ACCOUNTS

Name of credit card (Visa etc)	Name of financial institution	Name appear- ing on card	Account number	Expiry date	Type of card (credit, petrol)	Credit balance* as at.....	Debit balance* as at.....
APPLICANT:							
SPOUSE & MINOR CHILDREN:							

* REFLECT EITHER A CREDIT OR A DEBIT BALANCE AS AT THE DATE OF THE APPLICATION.

**SCHEDULE D
PERSONAL AND HOUSEHOLD EFFECTS**

Signature _____

Date _____

Other assets	Purchase price	Date of purchase	Current market value (not insurance values)	Other information pertaining to these assets
APPLICANT:				
SPOUSE & MINOR CHILDREN:				

Signature _____

Date _____

SCHEDULE E
LISTED INVESTMENTS (SHARES AND BONDS/STOCKS)

Name of issuer	Type	No of shares or bonds/stocks	Purchase price of each	Date of purchase	Name in which registered	Current market value
APPLICANT:						
SPOUSE & MINOR CHILDREN						

Signature _____

Date _____

**SCHEDULE F
NON – LISTED INVESTMENTS**

Name of entity	Type (co., cc, partners etc)	No of owner- ship units	Percentage ownership	Purchase price	Date of purchase	Name in which registered	Persons / entity sharing ownership	Current market value
APPLICANT								
SPOUSE & MINOR CHILDREN								

Signature _____

Date _____

**SCHEDULE G
PROPERTY**

Street address	Erf no or title deed	Purchase price + improvement cost	Date of purchase	Name(s) of registered owner(s)	Percentage ownership each	Current market value	If let, state monthly income
APPLICANT:							
SPOUSE & MINOR CHILDREN:							

Signature _____

Date _____

**SCHEDULE H
INSURANCE POLICIES**

Name of policy holder	No of insurance policy	Type of policy (life, annuity etc)	Insurance company	Beneficiary (ies) of policy	Estimated maturity value	Current value of policy	Loan/surrender value of policy
APPLICANT:							
SPOUSE & MINOR CHILDREN:							

Signature _____

Date _____

**SCHEDULE I
UNIT TRUSTS**

Name of unit trust	Type of unit trust	Account number	Name of the management co.	Name of linked product co. if involved	No of units held	Original purchase price	Current selling price
APPLICANT:							
SPOUSE & MINOR CHILDREN							

Signature _____

Date _____

SCHEDULE J

MOTOR VEHICLES, MOTOR CYCLES, AEROPLANES, MOTOR BOATS, YACHTS ETC

Details of above assets	Registration or identification no	Details of seller	Date of purchase	Purchase price	Method of financing	If not cash, amount outstanding	Current market value
APPLICANT:							
SPOUSE & MINOR CHILDREN							

Signature _____

Date _____

**SCHEDULE K
OTHER ASSETS**

Details of above assets	Registration or identification no	Details of seller	Date of purchase	Purchase price	Method of financing	If not cash, amount outstanding	Current market value
APPLICANT:							
SPOUSE & MINOR CHILDREN							

Signature _____

Date _____

SCHEDULE L
BONDS/MORTGAGES PAYABLE

Name & address of bondholder	Identification of property involved	Date incurred	Original amount	Current interest rate	Monthly repayments	Unpaid balance	Maturity date	Any other collateral provided
APPLICANT:								
SPOUSE & MINOR CHILDREN:								

Signature _____

Date _____

**SCHEDULE M
HIRE PURCHASE ACCOUNTS PAYABLE**

Name & address of HP creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Description of asset acquired with HP	Other collateral provided for HP
APPLICANT:								
SPOUSE & MINOR CHILDREN:								

Signature _____

Date _____

**SCHEDULE N
LOANS PAYABLE (SECURED & UNSECURED)**

Name & address of creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Reason(s) for loans	Collateral provided for loan (s)
APPLICANT:								
SPOUSE & MINOR CHILDREN:								

Signature _____

Date _____

**SCHEDULE O
OTHER LIABILITIES PAYABLE**

Name & address of creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Reason(s) for incurring these liabilities	Collateral (if any) provided for liabilities
APPLICANT:								
SPOUSE & MINOR CHILDREN:								

Signature _____

Date _____

**SCHEDULE P
CONTINGENT LIABILITIES**

(Describe events, risks and outcomes that could involve you in a financial or other liability or commitment and indicate the likelihood of crystallization, and reasons therefore)

Name & address of creditor	Date incurred	Description of principal debt	Original debt	Unpaid balance of debt	Maturity date	Monthly payments	Reason for providing security	Other collateral	Other persons liable
APPLICANT:									
SPOUSE & MINOR CHILDREN:									

Signature _____

Date _____

Provide the names and other information requested of three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person can be a reference who is a member of your family. (Spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

REFERENCE ONE

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____

How long have you known the reference?

REFERENCE TWO

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____

How long have you known the reference?

REFERENCE THREE

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____

How long have you known the reference?

Signature _____

Date _____

AFFIDAVIT

I, _____

(Full names)

hereby:

(a) declare that I have taken cognisance of and understand the rights and duties pertaining to the licence applied for ,as set out in the Gambling Act, 2013 (Act 3 of 2013),as , and the Gambling Board Regulations, 1997;

(b) declare that I am the person identified in this form;

(c) declare that I have personally completed this form and have supplied all the information indicated and as specified and called for therein, and

(d) certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

Signed at _____ on this _____ day of _____ 20 _____

(Signature) Applicant

(Signature) Commissioner

To be signed and certified in the presence of a Commissioner of Oaths

Signature _____

Date _____

Signature _____

Date _____

AUTHORISATION

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 Northern Province 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;
- (c) any records relating to any investigations into my activities conducted by any police force, crime investigation agencies, corporate regulatory agencies or any gambling or regulatory bodies;
- (d) any court records relating to any present, past or pending civil or criminal court proceedings to which I am or was a party;
- (e) any current and past employment records or correspondence relating to me; and
- (f) any other document, record or correspondence pertaining to me.

You are HEREBY AUTHORISED to release to the Chief Executive Officer of the Northern Province Gambling Board or an authorised delegate, all the documents, reports and information requested by any of them.

Signature _____

Date _____

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.

FROM: _____

(Surname)

(First names)

(Address)

Date of birth: ____ / ____ / ____ Telephone ____ / ____

I D no _____ Passport no _____

Signature _____

Signature _____

Date _____

ACCESS TO TAX RECORDS

I, _____.

(Full names)

the undersigned, am aware that the confidentiality of income tax returns is protected by law. I therefore give consent to the Gambling Board ("Board"), to procure from the Receiver of Revenue or any similar tax authority wherever located, which has in its custody or possession any records pertaining to my tax returns, such of those records as may be requested by the Board and to place the Board in possession thereof for the purposes of consideration of this application.

Signed at _____ on this _____ day of _____ 20____.

(Signature)

Signature _____

Date _____