



**KZN GAMING AND BETTING BOARD – APPLICATION FORM
GUARENTEE RELEASE**

**INSTRUCTIONS TO ALL GAMLBING SECTOR APPLICANTS – RELIEF ASSISTANCE
AND NEW PROPOSAL – RELEASE OF A PERCENTAGE OF GUARENTEES**

- a) Eligible to apply are Casino, Route Operators, Bingo, Bookmakers and Totalizators which is the release of a percentage of the guarantee to be utilized only for operating and salary costs.
- b) Each applicant must complete this form to be eligible for COVID 19 Relief Assistance – RELEASE OF A PERCENTAGE OF TAX GUARENTEES.
- c) Applications must be sent to NaidooC@kzngbb.org.za
- d) Only applicants that meet set criteria may apply.
- e) All applicants affected by COVID 19 Lockdown restrictions may apply.
- f) Incomplete forms shall result in immediate disqualification.
- g) Provision of false information will be treated as non-compliance and dealt with through appropriate Board Committee.
- h) Submission Deadline: NOTE : Period of National Lockdown as determined by National Regulations

LICENCE TRADING NAME	
KZNGBB LICENCE NUMBER	
PROJECT MANAGER/ REPOSIBLE PERSON POSITION AUTHORIZED	
SURNAME	
FULL NAMES	
ID NUMBER	
EMPLOYEE KZNGBB LICENCE NUMBER	
CONTACT NUMBER	

CURRENT GUARENTEE VALUE HELD WITH THE BOARD	
IS THE GUARENTEE HELD IN CASH DEPOSITED TO THE BOARD	
IS THE GUARENTEE A VALID BANK GUARENTEE	
WHAT PERCENTAGE OF THE GUARENTEE DO YOU REQUIRE TO BE RELEASED (MAX 50%)	
WHAT RAND VALUE DOES THIS EQUATE TO	
DO YOU CONFIRM THAT THE RELEASE OF FUNDS WILL ONLY BE UTILIZED FOR OPERATING ADMIN COSTS AND OR SALARY COSTS	
PLEASE INDICATE WHAT THOSE OPERATING/SALARY COSTS ARE ON AVERAGE PER MONTH	

PLEASE PROVIDE A DETAILED SUPPORTING MOTIVATION AS TO YOUR REASONS APPLYING FOR THE RELEASE OF A PERCENTAGE OF THE GUARENTEE – WHAT IMPACT WILL THE RELIEF HAVE ON YOUR BUSINESS. (ATTACH A DOCUMENT OF MOTIVATION IF REQUIRED)

REQUIRED SUPPORTING DOCUMENTS CHECKLIST	YES	NO
COPY OF APPLICANT'S KZNGBB LICENCE		
APPLICANT'S BANK ACCOUNT CONFIRMATION		
COPY OF CURRENT GUARENTEE		

<p>DECLARATION</p> <p>I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect or fraudulent I shall immediately be disqualified and legal action may be taken against me.</p>
Name :
Date :
Signature

Note:

- 1. The Board will determine the threshold of the quantum of the amount to be authorized for release.**
- 2. The Board reserves the right to conduct due diligence on review of the application**