Board Reference No.



## APPLICATION FOR APPROVAL OF BINGO HALL SURVEILLANCE SYSTEM PLAN

In accordance with the Rules made by the Board in terms of Section 7 of the KwaZulu-Natal Gaming and Betting Act, No. 08 of 2010, the following form must be completed when applying for the approval of a Bingo Hall Surveillance System Plan.

Type of Application	Surveillance System Plan Surveillance System Index									
	Surve	illan	ce Syst	tem <i>l</i>	Matrix [					
Name of Applicant										
Address										
Contact Number						Email Address				
Applicant's Reference						Section of the Act /				
Number						Regulations / Rules				
Details of Application										
Signature of Applicant						Date of Application				
Checklist in respect of suppo	ting do	cume	antation	or in	formation	which must accompany	the Ann	dication Form:		
1 The surveillance plan v						which most accompany	ille App	one anon i omi.	V	
						nce equipment (including	a came	ra views)		
3 Detailed description o										
be under surveillance	which ir	nclud	es the f	ollow	ing:					
o Det	ails of g	amin	g mach	nines,	gaming to	ables and cash transactio	n areas	;;		
<ul> <li>Details of Entrance/Exits monitored by the Gaming Surveillance System;</li> <li>Details of surveillance of Security/Surveillance/Interview Offices;</li> </ul>										
	o Details of satellite or remote monitoring station;									
	<ul> <li>Details or server or DVR recorder numbers; and</li> </ul>									
o Det	ails of re	ecord	ling time	efram	nes for eac	ch approved view.				
If you require additional space kindly use blank standard A4-size paper and attach it to the application form. Please ensure that you clearly label the										
additional information provided.  Disclaimer: The list of documents specified to accompany these forms is not exhaustive. The Board does not waive any right it has, as set out in the Act,										
to call for further information or documentation. An applicant may include any additional information of documentation it deems necessary to support the application.										
For Official Use										
Signature of Board Employee / Recipient						Date of Receipt of Appli	cation			
Approved	Yes		No			Board/LRMCC Resolution	n No.			
			J	Ш						