Board Reference No.



APPLICATION FOR APPROVAL OF LPM TYPE "B" 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 LPM Type "B" Surveillance System Plan.

Type of Application	Surveillance System Plan Surveillance System Index								
	Surve	eillan	ce Sys	tem <i>l</i>	Matrix [
Name of Applicant									
Address									
Contact Number						Email Address			
Applicant's Reference Number						Section of the Act / Regulations / Rules			
Details of Application						Regulations / Roles			
Signature of Applicant						Date of Application			
	<u> </u>								
Checklist in respect of support						which must accompany	the App	olication Form:	√
1 The surveillance plan						unco aquinment lincludin	a cama	ravious	
2 A Casino Floor Plan showing the placement of all surveillance equipment (including camera views) 3 Detailed description of the surveillance system and its equipment in relation to the locations that are required to									
be under surveillance							localio	is man are required to	
o De	tails of a	amin	a macl	hines,	aamina t	ables and cash transactic	n areas	:	
 Details of other areas monitored by the Gaming Surveillance System; 									
						the Gaming Surveillance			
						eillance/Interview Offices;			
	 Details of satellite or remote monitoring station; Details or server or DVR recorder numbers; and 								
						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		
Employee / Recipiem									
Approved	Yes		No			Board/LRMCC Resolution	n No.		