



APPLICATION FOR APPROVAL OF LPM TYPE "A" 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 "A" Surveillance System Plan.

Type of Application	Surveillance System Plan <input type="checkbox"/>	Surveillance System Index <input type="checkbox"/>
	Surveillance System Matrix <input type="checkbox"/>	
Name of Applicant		
Address		
Contact Number		Email Address
Applicant's Reference Number		Section of the Act / Regulations / Rules
Details of Application		
Signature of Applicant		Date of Application
Checklist in respect of supporting documentation or information which must accompany the Application Form:		√
1	The surveillance plan which must include the following:	
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 which includes the following: <ul style="list-style-type: none"> o Details of gaming machines, gaming tables and cash transaction areas; o Details of other areas monitored by the Gaming Surveillance System; o Details of Entrance/Exits monitored by the Gaming Surveillance System; o Details of surveillance of Security/Surveillance/Interview Offices; and o Details of satellite or remote monitoring station. 	
<p><i>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.</i></p> <p><i>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.</i></p>		
For Official Use		
Signature of Board Employee / Recipient		Date of Receipt of Application
Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Board/LRMCC Resolution No.