

APPLICATION FOR REGISTRATION: SITE KEY EMPLOYEE

NAME OF THE LICENSEE WHO EMPLOYS THE APPLICANT:



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PART 1: INSTRUCTIONS AND GENERAL INFORMATION

1.1 Application

- 1.1.1 Kindly read the following instructions and this application form carefully before completing it. Any incomplete, inaccurate or misleading answers or information may result in the application being rejected and returned to the applicant. No modifications to the pre-printed questions or information contained in this form are permitted.
- 1.1.2 The purpose of this application form and the information and documentation requested herein, is to serve as a basis for a probity investigation which will be conducted by the KwaZulu-Natal Gaming and Betting Board. The purpose of a probity investigation is to verify all information and documentation supplied by the applicant and to discover facts which may assist the Board to formulate an opinion as to the suitability, or otherwise, of the applicant.
- 1.1.3 This application must be completed by any person, as required by the Board, who is a site key employee of a licensed site operator.

1.2 Disqualification

- 1.2.1 Section 32, read with section 67 of the KwaZulu-Natal Gaming and Betting Act, 2010 (Act No. 8 of 2010) lays down various circumstances that disqualify a person, including a juristic person, from being granted a licence or from being granted a certificate of registration. An applicant may, if he or she is able to do so, rectify the disqualification.
- 1.2.2 Before completing the application form, please refer to sections 32 and 67 of the KwaZulu-Natal Gaming and Betting Act, 2010 (Act No. 8 of 2010). Copies of the Act aforesaid and the Regulations are available at www.kzngbb.org.za.

1.3 General Instructions

- 1.3.1 All entries on the application forms, except signatures, must kindly be made in black ink and in block letters.
- 1.3.2 The Board will not consider the application until all the information in an application is completed in full.
- 1.3.3 Should anything stated in the application change after it has been lodged with the Board, prior to the application being considered and prior to the Board's written decision being made, the applicant must immediately notify the Board in writing of such changes and of the effect thereof on the application.
- 1.3.4 If a question does not apply, kindly write "Not Applicable" ("N/A") in the space provided. If there is nothing to disclose about a particular question, write "None" in the space provided. If an alteration is made to an answer, the applicant must sign in full and record the date next to the alteration.
- 1.3.5 If additional space to answer any question(s) is required, kindly use blank standard A4-size paper and attach it to the application. Kindly ensure that:
 - The Part and the number(s) of the question(s) being answered are clearly indicated on the additional pages.
 - Next to the appropriate question on the application form, record the number of the additional page.
- 1.3.6 All supporting documentation and/or attachments must be included after the relevant part of the application form and must be clearly labeled, and the name of the applicant reflected on the top of each page.
- 1.3.7 All amounts recorded on the application forms must be in South African Rands.



- 1.3.8 On completion of the application form:
 - Check that each question has been answered fully and correctly, then initial each page of the application form and any additional pages attached thereto.
 - Using the Application Check List (Part 8), tick listed items to ensure that all the requirements of the application have been fulfilled.
- 1.3.9 An applicant may request the Board, in writing, to withdraw his/her application at any time prior to a final decision being made by the Board in respect of such application.

1.4 Address for Submission of Application

The completed application form, together with the application fee and any additional pages must be delivered, either by registered post or by hand, to:

The Chief Executive Officer
KwaZulu-Natal Gaming & Betting Board
Private Bag X9102
PIETERMARITZBURG
KwaZulu-Natal

3200

The Chief Executive Officer
KwaZulu-Natal Gaming & Betting Board
Natalia Building
330 Langalibalele (Longmarket) Street
PIETERMARITZBURG
KwaZulu-Natal

Or

The Chief Executive Officer KwaZulu-Natal Gaming & Betting Board

3 Nollsworth Crescent Nollsworth Park La Lucia Ridge Durban 4300 The Chief Executive Officer
KwaZulu-Natal Gaming & Betting Board
P O Box 555
Umhlanga Rocks
Durban

Durban 4320

1.6 Investigation Costs

In terms of the Act, applicants are required to pay a deposit for investigation costs. This amount has been predetermined by the Board in respect of this category of applications. Kindly consult the Board for details of the applicable amount. No investigation will commence before such investigation costs have been paid, and proof of such payment has been provided to the Board.



			•	
PART 2:	APPLICATION DETAILS			
2.1	Please indicate the type of site key er applicable box below:	nploye	ee registration being applied for by inserting $old X$	in the
Type "A	A" Site Operator		Type "B" Operator	
Indepe	ndent Site Operator			
2.2	Provide details of the name and address of	of the l	icensee/Business who employs the applicant:	



PART 3: PERSONAL HISTORY DISCLOSURI	E: APPLICANT
* Delete whichever is inapplicable Applicant Details	
Surname	
First Name(s)	
Maiden Name	
Title	
Aliases, Nicknames, other name changes, legal or otherwise, you have used or by which you have been known	
Birth and Identity Information	
Date of Birth	
Age in Years	
Place of Birth (City/Province/ State and Country) South African Identity Number	
(where applicable)	
Foreign identity number (where applicable)	
	e case of a foreign applicant, provide a copy of Work Permit or
Passport Information and Citizenship	
Passport Number	
Country	
Place of Issue	
Date of Issue	
Date of Expiry	
Country/Countries of which you are a Citizen	
Contact Numbers and Electronic Addresses	
Telephone Business	
Telephone Home	
Cell/Mobile	
E-mail Address	
1 111	
Address Information	
Present Residential Address (In relation to current workplace)	
(intelation to conem workplace)	
Present Business Address (Physical)	-



List all addresses at which you have been permanently resident over the last five (5) years, beginning with your current address and working backwards:

Period		Street and Nur	nber	Suburb	City	Province/ State & Country
From	То					Country
Physica	l Descrip	otion				
Height						
Scars / 1	Tattoos					
Other D	istinguis	hing Marks				
Marital :	Status		I			
		Divorced/Widow/	Widower			
Manieu	., sii igie/		TTIGOVVCI			
of living Place w	togethe here M	ge / Date of Comner (as above) (if apparried (if applicable) ouse/Partner				
		's Maiden Name (i	f applicable)			
Place o	f Birth of	Spouse/Partner				
Spouse	/Partner	's Occupation				
Name and Address of Spouse/Partner's Employer			rtner's			
Parents'	Particu	lars				
Full Nan	ne of Fa	ther				
Father's	Date o	f Birth				
Father's Occupation						
Full Name of Mother						
Mother's Date of Birth						
Mother'	's Occup	oation				
Particul	ars of CI	nildren (includina :	step or adopted ch	nildren and childre	en of partners)	
		. ,9				

Particulars of Children (including step or adopted children and children of partners)				
Full Names	Relationship	Age	Identity Number	Occupation



Academic Information						
Highes	nest Class of School Education Level					
Attain	ed					
Name	and Place of School					
Year C	Completed					
Name	of Last Tertiary Institu	tion Attended				
Profes	sional Qualifications					
Year C	Completed					
Preser	nt Studies					
Name	of Institution/School					
Date o	of Commencement					
3.1	Arrests Detention of	and Convictions (excluding m	ninor traffic offe	ences):		
jail tern from th	n was served, or where	s part is answered correctly and l a case was withdrawn, this shoul f these forms. Non-disclosures ar	d be disclosed if	the incident occurred	in the past ten (10) years	
Have	you ever in the past	ten (10) years, in South Africa	or elsewhere b	oeen -		
(a)	Convicted of an of *Yes/No	ffence (including a payment	of a fine)?			
(b)		d, charged or summoned be dless of the outcome of the				
(c)	If "yes" to either que	estion, provide details below,	listing all cases	s without exception:		
Nature	e of Offence	Province/State & Country	City/Town	Date of Offence	Result of Court Case or Hearing	
3.2	Civil Lawsuits and F	Related Matters				
(a)	Civil Lawsuits and Related Matters Have you ever been a party in a civil lawsuit or are you aware of any such action that may be pending? *Yes/No					
(b)	Have you ever had *Yes/No	d a judgment returned agains	t you?			
(c)	Has your salary, wo	ages, earnings or other incom	e ever been su	bject to garnishee o	order or attachment?	

3.3 Social Grants

(d)

Are you receiving any social grant from the Government?

Have you ever had any article repossessed by a finance company?

If "yes" as an attachment labeled Part 3.3 provide details of the Social Grant and a copy of the latest slip. If the salary is above the threshold determined by the relevant Minister, provide details of the Social Grant, a copy of the latest slip and proof of cancellation issued by South African Social Security Agency (SASSA) or copy of application thereof. Note: It is the responsibility of the applicant to establish the threshold amount applicable at the time the application is made. Failure to disclose may lead to disqualification for non-disclosure thereof.

If "yes" to any of questions (a) to (d) above, furnish details as an attachment page clearly labeled Part 3.2.

3.4	3.4 Employment/Business History					
Currer	nt Occup	oation				
Beginr past te	ning with en (10) y	n your current employment, list y ears:	rour employment histor	y, including all businesses with which y	ou have been involved and periods of uner	mployment for the
Period		Name and Address of	Job Title	Description of Duties	Reason for Leaving	Contact Person
From	То	Employer/Business		(i)		
			T	(1)		
			_			-
						-
		1		(ii)		I
				(iii)		
				()		
			_			-
	l	T	T	(i∨)		T
						-
	l	1	I	<u> </u>	<u> </u>	1



Period	Name and Postal Address of Employer/Business	Job Title	Description of Duties	Reason for Leaving	Contact Person
			(v)		
		-			-
		-			-
		-			-
_			(vi)		
		=			•
					-
		1			-
			/ ")		
		1	(vii)		
		-			
		-			-
			(vii)		
		-			-
		1			1
		-			-



*Yes/No				,		
If "yes", c	complete the followi	ng:				
Date N	lame and Address o	of Employer	Contact P	erson	Reason for Dism or Resig	issal, Discharge
					Of Resig	manon
3.6 Personal	References					
	persons who are not	t related to voi	ı and who k	nave known vou	for a period prefe	rably during the
	ho may be asked to				ior a ponda proto	raci, acing me
Surname	First Name(s)	Address		Occupation	Telephone	Years Known
					Number	
3.7 Profession	nal/Ethical History					
List present and p	oast membership (w	ithin the past fi	ve (5) years)	of professional b	odies or organisat	ions:
Body / Organisati	ion		Perio	d		

Have you ever been dismissed, discharged or asked to resign from any employment in an office of trust?

3.5



(a)	Have you ever been investigated or disciplined by a professional body or organisation for ethical misconduct or any other breach of their rules or regulations? *Yes/No
	If "yes", provide details:
(b)	Have you ever been directly involved in the management of any company that has been placed in liquidation, judicial management, a scheme of arrangement, or any other formal administration (including any pending arrangements)? *Yes/No
	If "yes", provide details:
(c)	Have you ever been disqualified from acting as a director of an entity under any provision of current or previous South African legislation or legislation of a foreign country? *Yes/No
	If "yes", provide details:
(d)	To your knowledge, are you or have you ever been under investigation by any government and/or licensing authority? *Yes/No
	If "yes", provide details:
(e)	Have you ever been granted a registration certificate as an employee in South African or elsewhere, by any licensing authority within the gambling industry? *Yes/No
	If "yes", provide details:
(f)	Have you ever applied for a registration certificate as an employee in South African or elsewhere, by
1.7	any licensing authority within the gambling industry and withdrawn the application prior to final determination thereon by the government authority concerned? *Yes/No



	If "yes", provide reasons for the withdrawal of the application:
(g)	Have you ever had a registration certificate as an employee in any gaming or betting activity cancelled or suspended or, alternatively, has a licensing authority ever considered cancelling or suspending such registration certificate? *Yes/No
	If "yes", provide details:
(h)	Do you have any application for a registration certificate as an employee to conduct any gaming and/or betting activity awaiting final determination by any licensing authority? *Yes/No
	If "yes", provide details:
3.8	Provide brief details of the position you will be holding in terms of this application:
3.9	Are you currently:
a)	Appointed as a public servant, or are you a member of the South African Police Services or any official law enforcement agency in a gambling jurisdiction outside of the Republic? *Yes/No
(b)	A member of Parliament or any provincial legislature? *Yes/No
(c)	A member of a local authority or any council or board established in terms of the Constitution, including a member of the House of Traditional Leaders? *Yes/No
(d)	An office bearer or employee of any political party or organization? *Yes/No
(e)	If "yes" to any of the questions (a) to (d) above, provide details:
-	
3.10	Is your spouse/ partner in a relationship where you live together in a manner resembling a marital relationship:
(a)	Appointed as a public servant, or a member of the South African Police Services or any official law



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	enforcer *Yes/No	ment agency in a gambling jurisdiction outside of the Republic?				
(b)	A memb *Yes/No	er of Parliament or any provincial legislature?				
(c)		er of a local authority or any council or board established in terms of the Constitution, including er of the House of Traditional Leaders?				
(d)	An office bearer or employee of any political party or organization? *Yes/No					
(e)	If "yes" to	any of the questions (a) to (d) above, provide details:				
3.11		at present, or were you during the preceding twelve months, a member of the KwaZulu-Natal and Betting Board, or a member of its staff or an inspector of the Board?				
	If "yes",	orovide details:				
0.10						
3.12	*Yes/No	a relative of a member of the KwaZulu-Natal Gaming and Betting Board?				
	If "yes",	orovide details:				
NOTE:		urposes of the question above, "relative" has the meaning assigned in the KwaZulu-Natal Gaming and Betting (Act No. 8 of 2010), which means any of the following, as the case may be:				
	1	A husband or a wife, any partner in a customary union according to indigenous law or any partner in a relationship where the parties live together in a manner resembling a marital relationship or a customary union;				
		Any child born out of any one of the unions referred to in (a) above, or any child born to one of the partners referred to in (a) above;				
		The parents of a person referred to in (a) and the parents of such person's husband, wife or partner referred to in (a).				
3.13	Have yo *Yes/No	u ever been involved in illegal gambling in South Africa, or elsewhere in the world?				
	If "yes", p	rovide details (including dates and/or year/s):				



3.14	Credit History					
(a)	Are you currently in default for payment of any debts incurred solely or jointly in your name? *Yes/No					
	If "yes", provide details below:					
Credito	or	Total Amount Owing (Rands)	Total Amount in Default (Rands)	Number of Days Overdue		
(b)	Is any person, including any entity, in respect of whom you have given a guarantee, in default of any such agreement? *Yes/No					
	If "yes", provide full particulars:					
(c)	To your knowledge, have you ever been refused credit or been the subject of an adverse credit rating? *Yes/No					
	If "yes", provide details:					
3.15	Financial Information					
(a)	Have you ever been declared insolvent insolvency? *Yes/No	or taken advantage o	of the laws relating	to bankruptcy or		
	If "yes", provide full particulars:					
(b)	Are you a member of a corporate body th *Yes/No	at is subject to winding-	up or judicial manag	ement?		
	If "yes", provide full particulars:					



PART 4: STATEMENT OF ASSETS AND LIABILITIES

	STATEMENT OF ASSE	TS	
AS AT			
List all assets, movable and immova Enter the amo	ble, tangible or intai ount as at the date c		
ASSETS	ORIGINAL COST/INVESTMENT		CURRENT ESTIMATED MARKET VALUE
Cash in Banks	R		R
Accounts Receivables	R		R
Stocks and Bonds	R		R
Interest in any business/es	R		R
Real Estate / Land / Property	R		R
OTHER ASSETS			
Clothing	R		R
Furniture	R		R
Electronic Equipment	R		R
TOTAL ASSETS	R		R
		SIGNATURE:	
		DATE:	



	STATEMENT OF LIAB	ILITIES			
AS AT					
List all liabilities on the appropriate line below. Enter the amount as at the date of this statement. Each listed liability must be described fully on the appropriate schedule.					
LIABILITIES	ORIGINAL		CURRENT		
LIABILITES	AMOUNT		MARKET VALUE		
Accounts Payable (credit cards etc.)	R	R			
Mortgage Payable	R	R			
Real Estate	R	R			
Other Liabilities	R	R			
TOTAL LIABILITIES	R	R			
NET WORTH	R				
Where total liabilities exceed total assets (negative net worth) an explanation must be provided as to the reasons and the measures taken by the applicant to address this deficit.					
		SIGNATURE:			
		DATE:			



DART 5. ADDITO ANT	25 DELEASE AUTUODISATION				
PART 5: APPLICANT	'S RELEASE AUTHORISATION				
то	All courts, probation departments, employers, educational institutions, banks, financial and other institutions, receivers of revenue, all law enforcement agencies, other regulatory bodies – national, provincial and local - without exception, both foreign and domestic and to whomsoever else this authorisation may be duly presented.				
FROM (Full Name and Surname)					
IDENTITY NUMBER					
of KwaZulu-Natal, South Af	As a requirement of my involvement in an application for registration within the gambling industry of the Province of KwaZulu-Natal, South Africa, I agree to allow the KwaZulu-Natal Gaming and Betting Board, its consultants, and the South African Police Services to conduct a full investigation into my background.				
and the South African Police	ief Executive Officer of the KwaZulu-Natal Gaming and Betting Board, its consultants, ce Services or any person duly authorised by an original letter of authority signed by uthorised delegate) to make such enquiries as they deem necessary, and to have ain copies of:				
any credit report, other report, legal or commercial information derived from those reports that has any bearing on my credit worthiness, credit history, credit standing or credit capacity; any loan information, bank account records, safe deposit box records and bank statements pertaining to me; any records relating to investigations of my activities by any domestic or foreign police services, crime investigation agency, corporate regulatory agency, any gambling regulatory body or any revenue collection/regulatory body; any court records relating to any present or past civil or criminal court proceedings to which I am party; and any other document, record or correspondence pertaining to me.					
YOU ARE HEREBY AUTHORISED to release to the Chief Executive Officer of the KwaZulu-Natal Gaming and Betting Board and, its consultants, the South African Police Services or an authorised delegate, all information requested by any of them, documentary or otherwise, pertaining to me. This authorisation shall supersede and countermand any prior request or authorisation to the contrary. A photocopy of this authorisation will be considered as effective and as valid as the original.					
SIGNATURE					
DATE					
PLACE					
NAME OF WITNESS					
SIGNATURE OF WITNESS					



PART 6:	DECLARATION	THAT INFORMA	ATION SUPPLI	ED IS TRUE, CO	RRECT AND COM	NPLETE
1,						of
		(Fu	الا Name of D	Declarant)		
		(4	Address of De	eclarant)		
	Declare that to the best of my knowledge and belief, the information supplied in these forms is true and correct in every detail and all information required to complete this form has been fully disclosed.					
Signed at				on		
Signature of Dec	larant					
Signature of Witn	ess					
Name of Witness	(Print)					



PAKI	NATAL GAMING AND BETTING ACT, NO. 8 OF 2010				
L	(the Applicant) do hereby state that:				
	not disqualified, in terms of Section 32 of the KwaZulu-Natal Gaming and Betting Act, from being granted a licence or ration in terms of this Act, in that I:-				
(a)	Am not – (i) a person contemplated in section 8(1) of the Public Service Act, 1994 (Proclamation No. 103 of 1994) or charged with any decision-making or criminal enforcement function pertaining to gambling or the regulation thereof; or				
	(ii) a political office bearer;				
(b)	Am not under the age of 18 years on the date of the application being considered by the Board;				
(c)	Am not an unrehabilitated insolvent or subject to any legal disability;				
(d)	Am not subject to an order of a competent court holding that person to be mentally unfit or deranged;				
(e)	Have never been removed from an office of trust on account of misconduct relating to fraud or the misappropriation of money;				
(f)	Have not been convicted during the previous 10 years, in the Republic or elsewhere, of the offence of theft, fraud, forgery and uttering, perjury, an offence under the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), the Prevention of Organised Crime Act, 1998 (Act No. 121 of 1998), or the Financial Intelligence Centre Act, 2001 (Act No. 38 of 2001), or an offence in terms of this Act or the National Gambling Act, or has been convicted of any other offence and has been sentenced to imprisonment without the option of a fine, unless the person has received a grant of amnesty or free pardon for the offence;				
(g)	Am not the husband or wife, or a partner in a customary marriage, or a partner in a permanent relationship which calls for cohabitation and mutual financial and emotional support, of a person referred to in paragraph (a);				
(h)	Am not a relative of a member of the Board;				
(i)	Am not or was, during the preceding 12 months, a member or employee of the Board or an inspector;				
(j)	Am not a member or employee of the board established by the National Gambling Act or is a relative or member or employee of such board;				
(k)	Am not listed on the register of excluded persons contemplated by section 14(7) of the National Gambling Act; or				
(1)	Am a fit and proper person, in that my character, integrity, honesty, prior conduct, regard for the law, reputation, habits and associations may reasonably not pose a threat to the health, safety, morals, good order and general welfare of the inhabitants of the Republic of South Africa or the Province and to the provisions and policy of this Act or the National Gambling Act.				
Signa	ture of Applicant				
The	leponent has acknowledged that he/she* knows and understands the contents of this Affidavit which was sworn				
	irmed* by the deponent before me aton this day of				
10, 4	20				
Signa Justic					
Full No	ame				
Addre	ess				
	for which appointed				
Office	held if appointment held ex officio				



PART 8: APPLICATION CHECKLIST	
All questions been answered in full.	
The bottom of each page been initialled by the applicant.	
The payment of Application Fee is accompanying the application or Proof of payment of Application Fee is attached.	
All attachment prepared as a result of there being insufficient space on the application form have been clearly labelled with the applicant's name being reflected on the top of each page in accordance with the requirements of Part 1 (Instructions and General Information).	
A certified copy of Identity Document (certification no longer than three (3) months)	
Two passport-size photographs, with Identity Number, Initials and Surname on the reverse.	
A full set of fingerprints (form SAP 91(a)) or a valid police clearance certificate (no older than three (3) months).	
Attachment labelled Part 3 - Copy of Work Permit or Residence Permit (in the case of a foreign applicant).	
Attachment labelled Part 3.2 – Details of any civil lawsuits or related matters.	
Attachment labelled Part 3.3 – Details of the Social Grant and a copy of the latest slip. If the salary is above the threshold determined by the relevant Minister, details of the Social Grant, a copy of the latest slip and proof of cancellation issued by South African Social Security Agency (SASSA) or copy of application thereof.	