

# APPLICATION FOR A LICENCE: TYPE "B" SITE OPERATOR – NATURAL PERSON

## Section 56 of the KwaZulu-Natal Gaming and Betting Act No 08 of 2010

(1) Any person who wishes to obtain a site operator or independent site operator licence must apply to the Board for such a licence in the manner prescribed and must pay the application fee prescribed in Schedule 2

## Regulation 104 of the KwaZulu-Natal Gaming and Betting Regulations, 2012

- (1) The Board may, subject to the Act and for purposes of the activities contemplated in regulation 103, licence
  - (b) A type "B" site operator whose primary business is of an entertainment nature, including a bingo hall:

    Provided that the playing of limited payout machines on such site forms a secondary activity to the main activity of the site.



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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 application fee in terms of Schedule 2 of the Act is non-refundable for returned applications.
- 1.13 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.
- 1.1.4 This application form must be completed by any natural person who wishes to apply for a Type "B" Site Operator Licence in terms of Section 56 of the KwaZulu-Natal Gaming and Betting Act, 2010, (Act No. 8 of 2010.

## 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 form, 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 formand must be clearly labelled, and the name of the applicant reflected on the top of each page.
- 1.3.7 All amounts recorded on the application form 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 9), 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 Identification of Confidential Information

- 1.4.1 Section 30 (5) of the KwaZulu-Natal Gaming and Betting Act, 2010, requires that any application lodged with the Board shall be available for inspection by the public who may also request copies of or extracts from the application. The Board has powers to determine, upon good cause being shown by the applicant, that any document or information identified by such applicant and which relates to the following, shall not be open to public inspection, provided that the Board may make such document or information available to anyone investigating the application on its behalf:
  - (a) The financial position of any person participating in an application;
  - (b) The names of prospective employees of the applicant concerned;
  - (c) The business plans of an applicant; or
  - (d) The financial statements, where possible.
- 1.4.2 Should there be any particulars, document and information included in the application which the applicant feels should not be disclosed to the public and which can be separated from the remainder of the application, kindly identify such particulars, document and information and show cause to the Board as to why it should make a ruling for non-disclosure. To assist the Board in this regard, kindly also furnish one bound and one loose-leaf copy of the application excluding the information that should not be made available for public inspection, as detailed in paragraph 1.5 (d) below.

#### 1.5 Number of Copies Required to be Submitted to the Board

The applicant is required to submit the following copies:-

- (a) One (1) loose-leaf copy of the entire application and attachments;
- (b) One (1) original bound copy of the entire application and attachments;
- (c) Three (3) bound copies of the entire application and attachments;
- (d) Two (2) bound copies excluding confidential information for the purpose of public inspection.



## 1.6 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 4320

## 1.7 Application Fees To Accompany the Application

The applicable non-refundable application fee listed below, should accompany the application. Cheques should be made payable to the KwaZulu-Natal Gaming and Betting Board. In the event of EFT payments, kindly consult the Board for banking details.

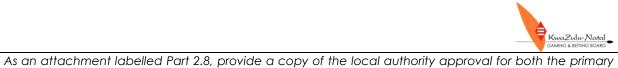
Application for Type "B" Site Licence	R 10 000.00 per site
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## 1.8 Investigation Costs

- 1.8.1 In terms of the Act, applicants are required to pay a deposit for investigation costs, the amount of which will be determined once the application has been assessed. Once the investigation has been completed, a reconciliation of all the expenses incurred by the Board will be prepared and the difference will be paid by either party.
- 1.8.2 No investigation will commence before such deposit for investigation costs has been paid, and proof of such payment provided to the Board.



PART 2:	APPLICATION DETAILS	
<b>2.1</b> A	Applicant's Name	
<b>2.2</b> T	rading Name (if applicable)	
2.3	Details of person to be contacte	ed in connection with this application:
	e and Surname	
Title	e and somarne	
	ion / Position	
Postal Ad		
Telephon	e Number (Including Code)	
Cellular/N	Mobile Number	
Fax Numb	per (Including Code)	
	Provide the physical address of ite operator:	the premises at which the applicant proposes to conduct business as a
	Provide the physical address o censed site operator:	f any premises at which the applicant already conducts business as a
	Provide a full description of the pe offered on the premises to w	existing or proposed primary business activities which are offered or will hich the application relates:
	Where applicable, provide the	ne name of the licensed route operator who will provide limited ant's proposed site operation:
operator the site of of the ga	and the applicant site operato perator, which agreement mus	provide a copy of the written agreement between the licensed route or for the making available of limited payout machines at the premises of it specify the manner in which the gross gaming revenue, after deduction azulu-Natal Gaming and Betting Tax Act, will be distributed between the distribu



	operator gar	mbling activities.					
2.9	Provide details of the name of the registered owner of the property or land:						
attach attach	nment clearly lo ned.	abelled Part 2.9. O	therwise a copy of	f the lease agre	title deeds must be provided as an eement clearly labelled Part 2.9 must be		
the go					or approval in respect of the conduct of ord, lawful owner or managing agent of		
2.10		nment labelled Par oposed to place th			premises concerned showing the area		
2.11	Provide deta	ils of the proposed	days and hours of	operation:			
2.12	Provide defa	ills regarding the nu	umber of limited po	ayout machines	s intended for the site:		
2.13	Provide the supervision o		ting employees o	f the business	who will be actively involved with the		
Full	Name of	ID Number	Permanent /	Date of	Designation and Duties		
Emplo		ID Nomber	Temporary	Employment	Designation and Dolles		
		1					
2 14	As an attach	mont alografy labol	lad Dart 2 14 provi	do a dotailed t	three (3) year transformation plan which		
2.14	seeks to sub	stantially increase	participation of h	nistorically disad	dvantaged persons within the industry, nent, socio-economic development etc.		
2.15		ited payout machi			o demonstrate to the Board that making ill fulfill rather than create a demand for		

business being conducted from, or to be conducted from the premises concerned and for the site

2.8



# PART 3: PERSONAL HISTORY DISCLOSURE: APPLICANT

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	
Trading Name (if applicable)	
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)	
As an attachment clearly labelled Part 3, in t Residence Permit	he 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	
Fax	
Cell/Mobile	
E-mail Address	
Website Address	
Address Information	
Present Residential Address	
(In relation to current workplace)	
Present Business Address (Postal)	



Present Business Address (Physical)							
		at which you have been per king backwards:	rmanently	resident over tl	ne last 5 years, be	eginning with your current	
Period		Street and Number		Suburb	City	Province/Country	
From	То						
_	Descripti	ion					
Height							
Scars							
Tattoos							
Other Di	istinguishii	ng Marks					
Marital S							
Married,	/Single/Di	vorced/Widow/Widower					
(This includ		al unions or a relationship where you l	live togethei	r in a manner resemb	oling a marital union)		
Date of Marriage / Date of Commencement of living together (as above)							
Place where Married (if applicable)							
Full Name of Spouse/Partner							
Spouse/Partner's Maiden Name (if applicable)							
Place of	f Birth of S	pouse/Partner					
Spouse/	Partner's	Occupation					
		ess of Spouse/Partner's					
Employe	er						
1							



Parents' Particulars				GAMING & BETTING BOARD
Full Name of Father				
Father's Date of Birth				
Father's Occupation				
Full Name of Mother				
Mother's Date of Birth				
Mother's Occupation				
Particulars of Brothers and Siste	ers			
Full Names	Relationship	Age	Identity Number	Occupation

Particulars of Brothers and Sisters				
Full Names	Relationship	Age	Identity Number	Occupation

l Names	Relationship	Age	Identity Number	Occupation

Academic Information	
Highest Class of School Education Level	
Attained	
Name and Place of School	
Year Completed	
Name of Last Tertiary Institution Attended	
Professional Qualifications	
Year Completed	
Present Studies	
Name of Institution/School	
Date of Commencement	



										KwaZulu-Natal GAMING & BETTING BOARD
3.1	Arrests, Deten	ition a	nd Conviction	ns (excluding m	inor traffic	offen	ices):			
no jail years fi	is very important t term was served rom the date of co lification.	or whe	ere a case was	withdrawn, this s	hould be dis	close	ed if the incident	occi	ırred in	the past ten (10)
3.1.1	Have you ever in the past ten (10) years, in South Africa or elsewhere been -									
(a)	Convicted of an offence (including a payment of a fine)? *Yes/No									
(b)	Arrested, detained, charged or summoned before a court to answer for any offence for any reason whatsoever, regardless of the outcome of the event (including the payment of a fine or withdrawal of a case)?  *Yes/No									
	If "yes" to eithe	er que	estion, provide	e details below,	listing all co	ases '	without except	ion:		
Nature	e of Offence		Province/Sto	ate & Country	City/Tow	n	Date of Offen	ce	Resul or He	t of Court Case aring
3.1.2	Has your spou of an offence *Yes/No			member of your elsewhere?	family eve	r bee	en, in the past t	ten (1	0) yea	rs, convicted
If "yes	", provide detai	ls belo	ow:							
Name		Relati	onship	Charge		ity/P Cou	rovince/State ntry	_	e of ence	Result of Court Case or Hearing
3.2	Civil Lawsuits	and P	elated Matte	re						
(a)				ı civil lawsuit or c	are vou aw	are a	of any such act	ion th	nat ma	v he nending?
(4)	*\\ \a\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii a pairy iii a	CIVIII ICIVISOTI OI C	alo you avvi		or arry socir act	101111	iai iiid	, so portaing?

3.2	Civil Lawsuits and Related Matters
(a)	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 a judgment returned against you?  *Yes/No
(c)	Has your salary, wages, earnings or other income ever been subject to garnishee order or attachment? *Yes/No
(d)	Have you ever had any article repossessed by a finance company?  *Yes/No
If "yes	"to any of questions (a) to (d) above, furnish details as an attachment page clearly labelled Part 3.2.

3.3	Emplo	yment / Business History				
Currer	Current Occupation					
Beginr	ning with	your current employment, list y	our employment his	story, including all businesses with wh	nich you have been involved and period	ds of unemployment:
Period		Name and Address of	Job Title	Description of Duties	Reason for Leaving	Contact Person
From		Employer/Business				
				(i)		
			4			
			_			
				(ii)		
				(iii)		
	(iv)					



Period	Name and Address of Employer/Business	Job Title	Description of Duties	Reason for Leaving	Contact Person
	. , .		(v)		
		1			-
		<u> </u>			-
		_			
			(vi)		
		-			
		-			
		<u> </u>  -			
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		-			
	1	1	(vii)		I
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		-			-



3.4	accou	Have you ever been dismissed, discharged or asked to resign from any employment in an office of trust on account of misconduct relating to fraud, the misappropriation of money, or any other reason?  *Yes/No					
	If "yes", complete the following:						
Date		Name and Address of Employer	Contact Person	Reason for Dismissal, Discharge or Resignation			
3.5	activel	business entities, partnerships, joint v ly participated in the managemen city during the past twenty (20) years:					
3.6	Profess	sional/Ethical History					
List pre		d past membership (within the past fi	ve (5) years) of professional b	podies or organisations:			
Body /	' Organis	sation	Period				
(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 entity 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 a company 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)	To your knowledge, have you ever been associated with an entity that is currently, or has been, under
(6)	investigation by any government and/or licensing authority?  *Yes/No
	If "yes", provide details:
3.7	Other Applications for Gaming and / or Betting Related Licences
(a)	Have you ever been granted a licence or registration by any licensing authority to conduct any gaming and/or betting activity or to operate as a manufacturer, supplier or maintenance provider? *Yes/No
	If "yes", provide details:
(b)	Have you ever applied for a licence or registration to any licensing authority to conduct any gaming and/or betting activity or to operate as a manufacturer, supplier or maintenance provider and withdrawn the application prior to final action thereon by the government authority concerned? *Yes/No



	If "yes", provide reasons for the withdrawal of the application:
(c)	Have you ever applied for and been refused a licence or registration by any licensing authority to conduct any gaming and/or betting activity or to operate as a manufacturer, supplier or maintenance provider?  *Yes/No
	If "yes", provide details:
(d)	Have you ever had a licence or registration to conduct any gaming or betting activity or to operate as a manufacturer, supplier or maintenance provider cancelled or suspended or, alternatively, has a licensing authority ever considered cancelling or suspending such licence or registration? *Yes/No
	If "yes", provide details:
(e)	Do you have any application for a licence or registration to conduct any gaming and/or betting activity or to operate as a manufacturer, supplier or maintenance provider awaiting final determination by a licensing authority?  *Yes/No
	If "yes", provide details:
3.8	Provide brief details of the role you have or will have in the management of the business which is the subject of this application:
3.9	Provide brief details of any management experience you have had in the gambling industry:



3.10	Have you ever applied for and been refused registration or a licence for employment in the gaming and/or betting industry or been disciplined by any gambling regulatory body?  *Yes/No				
	If "yes", provide details:				
3.11	Have you ever been excluded from a gaming and/or betting establishment anywhere in the world?				
3.11	*Yes/No				
	If "yes", provide details:				
3.12 Have you had a direct or indirect interest of 5% or more in the business or premises of a gamine betting establishment which has had its licence refused, revoked or withdrawn, or been the indirect cause of such refusal, revocation or withdrawal in any licensing jurisdiction in the *Yes/No					
	If "yes", provide details:				
3.13	Are you currently the holder of a gaming and/or betting licence or are you registered to perform any				
3.13	function relating to a gaming and/or betting activity? (For example, casino, manufacturer, route operator, bookmaker, totalisator, key employee)  *Yes / No				
	If "yes", provide details:				
Licenc	e Type Jurisdiction				
2.14					
3.14	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				



	If "yes" to any of the questions (a) to (d) above, provide details:
3.15	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 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 organisation?  *Yes/No
	If "yes" to any of the questions (a) to (d) above, provide details:
3.16	Are you at present, or were you during the preceding twelve (12) months, a member of the KwaZulu-Natal Gaming and Betting Board, or a member of its staff or an inspector of the Board? *Yes/No
	If "yes", provide details:
3.17	Are you a subject to an order of a competent court holding you to be mentally unfit or deranged?  *Yes/No
	If "yes", provide details:
3.18	Are you a relative of a member of the KwaZulu-Natal Gaming and Betting Board?
	*Yes/No
	If "yes", provide details:



NOTE:	For the purposes of the question above, "relative" has the meaning assigned in the KwaZulu-Nata
	Gaming and Betting Act, 2010 (Act No. 8 of 2010), which means any of the following, as the case may
	be:

- (a) 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;
- (b) 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;
- (c) The parents of a person referred to in (a) and the parents of such person's husband, wife or partner referred to in (a).

	partner referred to in (a).					
3.19	Are you listed on the register of excluded persons contemplated by Section 14(7) of the National Gambling Act?  *Yes/No					
	If "yes", provide details:	_		-		
3.20	Have you ever been involved in illeq *Yes/No	gal gambling in South Africa, or	r elsewhere in the wo	orld?		
	If "yes", provide details (including do	ates and/or year/s):				
3.21	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:					
Credit	for	Total Amount Owing	Total Amount in	Number of		
		(Rands)	Default (Rands)	Days Overdue		
<u> </u>						
<u></u>						
<u> </u>						
(b)	Is any person, including any entity, in respect of whom you have provided a guarantee, in default of any such agreement?  *Yes/No					
<u> </u>	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:
3.22	Financial Information
(a)	Have you ever been declared insolvent or taken advantage of the laws relating to bankruptcy or insolvency?  *Yes/No
	If "yes", provide full particulars:
(b)	Are you a member of a corporate body that is subject to winding-up or judicial management?
(5)	*Yes/No
	If "yes", provide full particulars:
(c)	Do you control, manage or hold in trust for another person, any assets or liabilities? *Yes/No
	If "yes", provide details:
(d)	Has the applicant submitted his/her tax returns timeously in the past three (3) years? *Yes/No
	If "no", provide details:
(e)	Has the applicant's income tax return or assessment in South Africa or elsewhere been subjected to a
(6)	query by South African Revenue Services or its equivalent within the past three (3) years?  *Yes/No
	If "yes", provide details:
As an	attachment labelled Part 3.22, provide an original copy of a valid tax clearance certificate.



(f)	State the amount invested/to be invested in the business which is the subject of this application and the percentage of ownership this represents or will represent:
(g)	Has your interest in the business which is the subject of this application been assigned, pledged or sold to any person or organisation, or will any agreement be entered into whereby your interest is or may be assigned, pledged or sold either in part or in whole?  *Yes/No
	If "yes", provide full particulars:



PART 4: STATEMENT OF ASSETS AND LIABILITIES

STATEMENT OF ASSETS					
AS AT					
List all assets, movable and immove Enter the amo	able, tangible or intangible, c ount as at the date of this sta				
ASSETS	ORIGINAL COST/INVESTMENT	CURRENT ESTIMATED MARKET VALUE			
Cash in Banks (Schedule "A")	R	R			
Accounts and receivables (Schedule "B")	R	R			
Stocks and Bonds (Schedule "C")	R	R			
Interest in any business/es (Schedule "D")	R	R			
Real Estate / Land / Property (Schedule "E")	R	R			
OTHER ASSETS (Schedule "F")					
Clothing	R	R			
Furniture	R	R			
Electronic Equipment	R	R			
TOTAL ASSETS	R	R			
	SIGNAT	URE:			
	DATE:				



STATEMENT OF LIABILITIES						
AS AT						
List all liabilities on the appropriate line Each listed liability must be						
LIABILITIES	ORIGINAL		CURRENT			
	AMOUNT		MARKET VALUE			
Accounts Payable (credit cards etc.)	R		R			
Taxes Payable	R		R			
Notes Payable (Schedule "G")	R		R			
Mortgage Payable (Schedule "H")	R		R			
Real Estate (Schedule "I"						
Contingent and Other Liabilities (schedule "J")	R		R			
TOTAL LIABILITIES	R		R			
NET WORTH	R					
Where total liabilities exceed total assets (negative r measures taken by the applicant to address this defici		olanation must be p	provided as to the reasons and the			
		SIGNATURE:				
		DATE:				



# SCHEDULE "A"

# **CASH IN BANKS**

List below all bank accounts (foreign and domestic), maintained by you, your spouse or dependent children.

Name and Address of Bank	Names of Persons Appearing on Account	Account Number	Date Opened	Interest Rate	Type of Account	Balance (As on Date)
	ı	1	1	1	1	1
SIGNATURE:				DATE:		



## SCHEDULE "B"

# **Accounts and Notes Receivable**

List below all accounts and notes receivable held by you, your spouse or dependent children.

[Indicate by means of an asterisk (\*) in the first column, accounts and notes receivable held by your spouse and/or dependent children.]

Name and Address of Debtor	Date Incurred	Original Amount	Unpaid Balance	Payment Period	Interest Rate	Maturity Date	Purpose	Collateral

SIGNATURE:		DATE:	
SIGNATURE.	***************************************	DAIL.	•••••



## **SCHEDULE "C"**

#### Stocks and Bonds

List below the information requested for all stocks and bonds held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exists through the beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependent children have knowledge of what stocks and bonds are so held.

[Indicate by means of an asterisk (\*) publicly traded shares and bonds.
Indicate by means of a double asterisk (\*\*) next to the first column all stocks and bonds held by your spouse or dependent children.]

Issuer	Туре	Number of Shares or Units	Purchase Price	Date of Purchase	Name in Which Held	Market Value



#### SCHEDULE "D"

# Interest in any Business/Businesses

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations.

Entity Name	Type of Entity	Number of Shares or Units	Percent of Ownership	Purchase Price	Date of Purchase	Name in Which Held	Market Value	Names of Individuals or Entities Sharing Interest and Percentage of their Ownership

SIGNATURE:	DATE:	
SIGNATURE:	 DAIE:	



## SCHEDULE "E"

#### Real Estate

List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the name of all individuals or entities who share a direct, indirect, vested or contingent interest therein.

Address / Location	Туре	Size	Purchase Price / Improvement Cost	Date of Purchase	Other Owners	Name in Which Held	Market Value	Names of Individuals or Entities Sharing Interest and Percentage of their Ownership

SIGNATURE:	 DATE:	



# SCHEDULE "F"

## Other Assets

List below the information requested for all other assets held by you, your spouse or dependent children.

[Indicate by means of an asterisk (\*) in the first column those assets held by your spouse or dependent children (i.e. motor vehicles, personal property, cash surrender value of life insurance policies, pension funds, etc.)]

Type of Asset	Purchase Price	Date of Purchase	Market Value	Other Information

SIGNATURE:	 DATE:	



# **SCHEDULE "G"**

# **Notes Payable**

List below the information requested for all notes payable for which you, your spouse or dependent children are obligated.

[Indicate by means of an asterisk (\*) in the first column those notes for which your spouse or dependent children are obligated.]

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment Period	Interest Rate	Maturity Date	Purpose	Collateral

SIGNATURE:	 DATE:	



# SCHEDULE "H"

# Mortgage Payable

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated.

[Indicate by means of an asterisk (\*) in the first column those mortgages/liens for which your spouse or dependent children are obligated.]

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment Period	Interest Rate	Position of Mortgage or Lien	Maturity Date	Description / Address of Real Estate

SIGNATURE:		DATE:	
JIOINAI OKE.	***************************************	DAIL.	***************************************



# **SCHEDULE** "I"

## Real Estate

List below the information requested for all real estate for which you and/or your spouse or dependent children are obligated.

[Indicate by means of an asterisk (\*) in the first column any indebtedness for which your spouse or dependent children are obligated.]

Name and Address of Creditor/Bank	Date Incurred	Original Amount	Unpaid Balance	Payment Period	Interest Rate	Maturity Date	Description / Address of Real Estate

SIGNATURE:	 DATE:	



# SCHEDULE "J"

# **Contingent and Other Liabilities**

List below the information requested for all contingent liabilities for which you and/or your spouse are obligated.

[Indicate by means of an asterisk (\*) in the first column those contingent liabilities for which only your spouse is obligated.]

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment Period	Interest Rate	Maturity Date	Purpose	Collateral	Persons Liable Besides You and / Or Your Spouse

SIGNATURE:	 DATE:	



PART 5: PERSO	ONAL 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 whom so ever else this authorisation may be duly presented.
FROM	
(Full Name and Surna	me)
IDENTITY NUMBER	
KwaZulu-Natal, I agre	my involvement in an application for Type "B" Site Operator licence within the Province of ee to allow the KwaZulu-Natal Gaming and Betting Board, its consultants, and the South es to conduct a full investigation into my background.
and the South Africa	he Chief Executive Officer of the KwaZulu-Natal Gaming and Betting Board, its consultants, n Police Services or any person duly authorised by an original letter of authority signed by (an authorised delegate) to make such enquiries as they deem necessary, and to have d obtain copies of:
on my credit worthing records, safe deposit my activities by any agency, any gamblin	the report, legal or commercial information derived from those reports that has any bearing ess, credit history, credit standing or credit capacity; any loan information, bank account box records and bank statements pertaining to me; any records relating to investigations of domestic or foreign police services, crime investigation agency, corporate regulatory ag regulatory body or any revenue collection/regulatory body; any court records relating to civil or criminal court proceedings to which I am party; and any other document, record or raining to me.
Board and, its consult by any of them, d countermand any pr	HORISED to release to the Chief Executive Officer of the KwaZulu-Natal Gaming and Betting tants, the South African Police Services or an authorised delegate, all information requested documentary or otherwise, pertaining to me. This authorisation shall supersede and rior request or authorisation to the contrary. A photocopy of this authorisation will be we and as valid as the original.
SIGNATURE	
DATE	

PLACE

NAME OF WITNESS

SIGNATURE OF WITNESS



PART 6:	DECLARAT	ION THAT INFO	RMATION SU	JPPLIED IS T	RUE, CORRI	CT AND COM	APLETE	
Ι,								of
			(Full Name	of Declar	ant)			
			(Address	of Declara	nt)			
Declare that to correct in every								true and
Signed at				0	n			
Signature of De	clarant							
Signatore of Be	Cididiii							
Signature of Wit	ness							
Name of Witnes	s (Print)							



CETOEKWA/UTU=NATAL (ZAMINIZ AND DELIINIZ ACT NC), O CEZUTU
OF THE KWAZULU-NATAL GAMING AND BETTING ACT, NO. 8 OF 2010
I, (the Applicant) do hereby state that: I am not disqualified, in terms of Section 32 of the KwaZulu-Natal Gaming and Betting Act, from being granted a licence or registration 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;
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
(I) 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.
Signature of Applicant
The deponent has acknowledged that he/she* knows and understands the contents of this Affidavit which was sworn
to/affirmed* by the deponent before me at on this day of
20
Signature
Justice of the Peace/Commissioner of Oaths
Full Name
Address
Area for which appointed
Office held if appointment held ex officio



ΓA	APPLICATION FOR A LPM SITE	STECT OF
l, _	, the undersigned, ID number	, hereby make oath
and	d declare as follows:	
1.	I am the duly authorised representative of	
	[insert name of primary business] ("the business"), which conducts	the business of findicate nature of
	primary business] on the premises situated at	
	respect of which application is being made to the KwaZulu-Natal Gaming & Betting Board ("the payout machine premises licence."	,
2.	On [insert date] and in the abovementioned capacity, I sign ("The Route Operator"), in ter	
	Operator will make available <b>up to forty limited payout machines</b> for play on the premises in the ever licensed by the Board.	
3.	I hereby declare that neither I, nor any other person with actual or ostensible authority to repentered to any agreement with any person other than the Route Operator specified herein in resplimited payout machines for play on the premises. I understand that if it is established that representing or purporting to represent the business, have concluded an agreement to make a machines on the premises, other than the agreement contemplated in paragraph 2, the enclosed payout machine premises licence will be rejected by the Board, the premises will not be license future licensing of the premises may be negatively influenced or delayed.	ect of making available I, or any other person available limited payout application for a limited
4.	I am aware that the gambling industry is strictly regulated and that a licence will be granted in respirit the premises are found to be suitable by the Board, the business activities conducted thereon of having a financial interest in the business comply with the eligibility requirements contained in the A all persons proposed to play an active role in the day-to-day operation of gambling activities on the submit to investigation and will be able to fulfill those functions only if they are licensed thereto by the	are lawful and all parties Act. I am also aware that the premises will have to
5.	I confirm that I am aware that, should any statement made herein be false, I would expose mys charge of perjury and would, in such an event, be <i>prima facie</i> disqualified for licensing and/or lia issued to the business or to me in my personal capacity suspended or revoked in terms of the provisof the Act.	ble to have any licence
l kr	ow and understand the contents of the above declaration. I have no objection to taking the prescri	ibed oath and I consider
the	prescribed oath to be binding on my conscience.	
SIG	NATURE – DEPONENT	
DA <sup>-</sup>	IF .	
l ce	ertify that the deponent has acknowledged that he/she knows and understands the contents of this	declaration which was
swo	orn to before me and the deponent's signature was placed thereon in my presence at	(Place)
on_	this day of at(Time).	
Sig	nature of Commissioner of Oaths	
Na	me	
Des	ignation	



PART 9: APPLICATION CHECKLIST	
General	
All questions have been answered in full.	
The bottom of each page has 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 pages 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 (3) months).	
Attachment labelled Part 2.7 - Copy of the written agreement between the licensed route operator and the licensed site operator for the making available of limited payout machines at the premises of the site operator, which agreement must specify the manner in which the gross gaming revenue, after deduction of the gaming tax prescribed in the KwaZulu-Natal Gaming and Betting Tax Act, will be distributed between the licensed route operator and the licensed site operator.	
Attachment labeled Part 2.8 - Copy of the local authority approval for both the primary business being conducted from, or to be conducted from the premises concerned and for the site operator gambling activities.	
Attachment labelled Part 2.9 – A Certified copy of the title deeds if the applicant owns the land or property, or if not, a copy of the lease agreement.	
Attachment labelled Part 2.9 – A letter of consent or approval in respect of the conduct of the gaming activities on the premises, duly signed by the relevant landlord, lawful owner or managing agent of the property or land.	
Attachment labelled Part 2.10 - A floor plan of the premises concerned showing the area where it is proposed to place the limited payout machines.	
Attachment labelled Part 2.14– Detailed three (3) year transformation plan which seeks to substantially increase participation of historically disadvantaged persons within the industry, providing details of ownership, skills transfer, operational involvement, socio-economic development etc.	
Attachment labelled Part 2.15 – Submission to Board providing evidence to demonstrate to the Board that making available limited payout machines in the applicant's premises will fulfill rather than create a demand for gambling in the area.	
Attachment clearly 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 3.22 - An original copy of a valid tax clearance certificate.	