



**APPLICATION FOR REGISTRATION:
BOOKMAKER CLERK
TOTALISATOR CLERK
TOTALISATOR AGENT EMPLOYEE**

THE 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 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/or 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 In terms of the Board's Rules, this application form must be completed by any person who is:
- Employed by a licensed bookmaker, as a bookmaker's clerk;
 - Employed by a licensed totalisator as a totalisator clerk;
 - Employed by a registered totalisator agent as a totalisator agent employee; or
 - An employee of a licenced bookmaker, licenced totalisator or registered totalisator agent who is responsible for betting activities (as determined by the Board from time to time).

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 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 this application form, kindly 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 any such changes and of the effect thereof on the application.
- 1.3.4 If a question does not apply, kindly write "N/A" (for "Not Applicable") 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 labelled, 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 7), 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
4320

1.5 Application Fees To Accompany the Application

No application fees are payable for this type of registration application.

1.6 Investigation Costs

1.6.1 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.

1.6.2 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 employee registration being applied for by inserting X in the applicable box below:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Bookmaker Clerk (for Bookmakers)</td> <td style="width: 20%;"></td> </tr> <tr> <td>Totalisator Clerk (for Totalisator Branch)</td> <td></td> </tr> <tr> <td>Totalisator Agent Employee (for Totalisator Agent)</td> <td></td> </tr> </table>	Bookmaker Clerk (for Bookmakers)		Totalisator Clerk (for Totalisator Branch)		Totalisator Agent Employee (for Totalisator Agent)	
Bookmaker Clerk (for Bookmakers)							
Totalisator Clerk (for Totalisator Branch)							
Totalisator Agent Employee (for Totalisator Agent)							

2.2	The physical address of the Licensee (bookmaker, totalisator or totalisator agent) who employs the applicant:

PART 3: PERSONAL HISTORY DISCLOSURE: APPLICANT

* Delete whichever is inapplicable

Applicant's 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)	
<i>As an attachment clearly labeled Part 3, in the case of a foreign applicant, provide a copy of Work Permit or Residence Permit</i>	

Contact Numbers and Electronic Addresses	
Telephone Business	
Telephone Home	
Cell/Mobile	
E-mail Address	

Address Information	
Present Residential Address (In relation to current workplace)	
Present Business Address (Physical)	

Marital Status	
Married/Single/Divorced/Widow/Widower	

Details of Spouse/Partner <i>(This includes all marital unions or a relationship where you live together in a manner resembling a marital union)</i>	
Full Name of Spouse/Partner	
Spouse/Partner's Occupation	
Name and Address of Spouse/Partner's Employer	

Particulars of Children (including step or adopted children and children of partners)				
Full 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	

3.1 Arrests, Detention and Convictions (excluding minor traffic offences):

NB: It is very important that this part is answered correctly and honestly. Bear in mind that even where a fine was paid, or no jail term was served, or where a case was withdrawn, this should be disclosed if the incident occurred in the past ten (10) years from the date of completion of these forms. Non-disclosures are seen in a very serious light and will lead to disqualification.

Have you ever in the past ten (10) years, in South Africa or elsewhere been -

- (a) Convicted of an offence (including payment of a fine)?
*Yes/No
- (b) Arrested, detained, charged or summoned before a court to answer for any offence or violation for any reason whatsoever, regardless of the outcome of the event (including the payment of a fine or withdrawal of offence)?
*Yes/No
- (c) If "yes" to either question, provide details below, listing all cases without exception:

Nature of Offence	Province/State & Country	City/Town	Date of Offence	Result of Court Case or Hearing

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

3.3	Social Grants
Are you receiving any social grant from the Government? * Yes/No	
<i>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.</i>	

3.4 Employment History

Current Occupation

Beginning with your current employment, list your employment history, including all businesses with which you have been involved and periods of unemployment:

Period		Name and Postal Address of Employer/Business	Job Title	Description of Duties	Reason for Leaving	Contact Person
From	To					
(i)						
(ii)						
(iii)						
(iv)						

3.5 Have you ever been dismissed, discharged or asked to resign from any employment in an office of trust of account of misconduct relating to fraud, the misappropriation of money, or any other reason?
*Yes/No

If "yes", provide details:

Date	Name and Address of Employer	Contact Person	Reason for Dismissal, Discharge or Resignation

3.6 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:

3.7 Have you ever been granted a licence or registration by any licensing authority to conduct any gaming and/or betting activity or operate as a manufacturer, supplier or maintenance provider?
*Yes/No

If "yes", provide details:

3.8 Have you ever applied for a licence or registration to any licensing authority to conduct any gaming and/or betting activity or operate as a manufacturer, supplier or maintenance provider 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:

3.9 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 operate as a manufacturer, supplier or maintenance provider?
*Yes/No

If "yes", provide details:

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 declared mentally unfit or deranged by a competent court? *Yes/No
	If "yes", provide details:

3.12	Are you or your spouse an office bearer or employee of any political party or organization? *Yes/No
	If "yes", provide details:

3.13	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-Natal 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).

3.14	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:

3.15	Have you ever been involved in illegal gambling in the country, or elsewhere in the world? *Yes/No
	If "yes", provide details (including date and or year/s):

3.16 Credit History			
Are you currently in default for payment of any debts incurred solely or jointly in your name? *Yes/No			
If "yes", provide details below:			
Creditor	Total Amount Owning (Rands)	Total Amount in Default (Rands)	Number of Days Overdue

PART 4: APPLICANT'S RELEASE AUTHORISATION

TO	All courts, probation departments, employers, educational institutions, banks, financial and other institutions, receivers of revenue, all law enforcement agencies and other regulatory authorities – national, provincial and local - without exception, both foreign and domestic and to whomsoever else this authorisation may be duly presented.
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FROM (Full Name and Surname)	
--	--

IDENTITY NUMBER	
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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.

I HEREBY AUTHORISE the Chief Executive Officer of the KwaZulu-Natal Gaming and Betting Board, its consultants, and the South African Police Services or any person duly authorised by an original letter of authority signed by the aforementioned (an authorised delegate) to make such enquiries as they deem necessary, and to have access to, inspect and obtain 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	
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DATE	
-------------	--

PLACE	
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NAME OF WITNESS	
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SIGNATURE OF WITNESS	
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PART 5: DECLARATION THAT INFORMATION SUPPLIED IS TRUE, CORRECT AND COMPLETE

I, _____ of _____

(Full Name of Declarant)

(Address of Declarant)

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	
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Signature of Declarant	
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Signature of Witness	
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Name of Witness (Print)	
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PART 6: AFFIDAVIT BY PERSON MAKING APPLICATION FOR REGISTRATION IN TERMS 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;
- (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
- (l) 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	
<p>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 ____.</p>	
Signature Justice of the Peace/Commissioner of Oaths	
Full Name	
Address	
Area for which appointed	
Office held if appointment held ex officio	

PART 7: APPLICATION CHECKLIST	
	√
All questions have been answered in full.	
The bottom of each page has been initialled by the applicant.	
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 clearly labeled Part 3 - A copy of Work Permit or Residence Permit in the case of a foreign applicant.	
Attachment clearly labeled Part 3.2 – Details of any civil lawsuits and 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.	