



APPLICATION FOR REGISTRATION: TOTALISATOR MANAGER TOTALISATOR AGENT

Section 111 of the KwaZulu-Natal Gaming and Betting Act No 08 of 2010

- (2) *Notwithstanding the provisions of subsection (1), no person may exercise the powers, duties or functions of a totalisator operator, a totalisator manager or a totalisator agent unless or until such person has been registered by the Board as a totalisator operator, a totalisator manager or a totalisator agent, as the case may be.*

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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 application fee in terms of Schedule 2 of the Act is non-refundable for returned applications.
- 1.1.3 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.
- 1.1.4 This application form must be completed by any person who is appointed by a totalisator licensee as a totalisator manager or totalisator agent in terms of section 111 subsection (1) and (2) 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 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.kznngbb.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 "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 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 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
 4320

1.5 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 payment by means of EFT, kindly consult the Board for banking details.

Type of Application	Application Fees
Application for registration as a Totalisator Manager	R1 140.00
Application for registration as a Totalisator Agent	R1 140.00

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 registration being applied for by inserting **X** in the applicable box below:

Totalisator Manager	
Totalisator Agent	

2.2 Provide details of the name and address of the Totalisator Licensee who appoints/employs the applicant:

As an attachment clearly labelled Part 2.2, in respect of a totalisator manager application, provide confirmation of employment from the totalisator licensee.

As an attachment clearly labelled Part 2.2, in respect of a totalisator agent application, provide a copy of the agreement between the totalisator licensee and the agent.

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>	

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)	

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 Number	Suburb	City	Province/State & Country
From	To				

Physical Description	
Height	
Scars	
Tattoos	
Other Distinguishing Marks	

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>	
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 Birth of Spouse/Partner	
Spouse/Partner's Occupation	
Name and Address of Spouse/Partner's Employer	

Parents' Particulars	
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 Sisters				
Full Names	Relationship	Age	Identity Number	Occupation

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 by the Board and will lead to disqualification.	
3.1.1	Have you ever in the past ten (10) years, in South Africa or elsewhere been -
(a)	Convicted of an offence (including the 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

(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

3.1.2 Has your spouse, partner or any member of your family ever been, in the past ten (10) years, convicted of an offence, in South Africa or elsewhere?
*Yes/No

If "yes", provide details below:

Name	Relationship	Charge	City/Province/State & Country	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

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

3.3 Social Grants

Are you receiving any social grant from the Government?
* Yes/No

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.

3.4 Employment / Business 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 Address of Employer/Business	Job Title	Description of Duties	Reason for Leaving	Contact Person
From	To					
(i)						
(ii)						
(iii)						
(iv)						

Period	Name and Address of Employer/Business	Job Title	Description of Duties	Reason for Leaving	Contact Person
(v)					
(vi)					
(vii)					
(viii)					

3.5 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", provide details below:

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

3.6 List all entities, partnerships, joint ventures or any business with which you have been associated and actively participated in the management or operation thereof as a director, partner or such other capacity during the past twenty (20) years:

3.7 Personal References

Nominate three (3) persons who are not related to you and who have known you for a period preferably during the last five (5) years and who may be asked to appraise your character and reputation:

Surname	First Name(s)	Address	Occupation	Telephone Number	Years Known

3.8 Professional/Ethical History

List present and past membership (within the past five (5) years) of professional bodies or organisations:

Body / Organisation	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 investigation by any government and/or licensing authority? *Yes/No
If "yes", provide details:	

3.9 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:

3.10	Provide brief details of the role you have or will have in the management of the business which is the subject of this application:

3.11	Provide brief details of any management experience you have had in the gambling industry:

3.12	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:

3.13	Have you ever been excluded from a casino or other gaming and/or betting establishment anywhere in the world? *Yes/No
	If "yes", provide details:

3.14	Have you had a direct or indirect interest of 5% or more in the business or premises of a gaming and/or betting establishment which has had its licence refused, revoked or withdrawn, or been the direct or indirect cause of such refusal, revocation or withdrawal in any licensing jurisdiction in the world? *Yes/No
	If "yes", provide details:

3.15 Are you currently the holder of a gaming and/or betting licence or are you registered to perform any 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:

Licence Type	Jurisdiction

3.16 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:

3.17 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:

3.18	Are you at present, or were you during the preceding twelve 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:	

3.19	Are you subject to an order of a competent court holding you to be mentally unfit or deranged? *Yes/No
If "yes", provide details:	

3.20	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).

3.21	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:	

3.22 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):

3.23 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:

Creditor	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 details:

(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:

3.24 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? *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 reasons:

(e)	Has the applicant's income tax return or assessment been subjected to a query by South African Revenue Services or its equivalent within the past three (3) years? *Yes/No
	If "yes", provide details:
<i>As an attachment labelled Part 3.24 provide an original copy of a valid tax clearance certificate.</i>	

PART 4: STATEMENT OF ASSETS AND LIABILITIES

STATEMENT OF ASSETS

AS AT _____

*List all assets, movable and immovable, tangible or intangible, on the appropriate line below.
Enter the amount as at the date of this statement.*

ASSETS	ORIGINAL COST/INVESTMENT	CURRENT ESTIMATED MARKET VALUE
Cash on Hand	R	R
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

SIGNATURE:

DATE:

STATEMENT OF LIABILITIES

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 AMOUNT	CURRENT 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")	R	R
Contingent and Other Liabilities (Schedule "J")	R	R
TOTAL LIABILITIES	R	R
NET WORTH	R	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:

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)

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:

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

SIGNATURE:

DATE:

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:

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	Type	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:

SCHEDULE "I"

Real Estate

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

[Indicate by means of an asterisk () in the first column those real estate for which only 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 and/or any other indebtedness 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: 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	
------------------------	--

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 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	
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PART 6: 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	
Signature of Declarant			
Signature of Witness			
Name of Witness (Print)			

PART 7: 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 8: APPLICATION CHECKLIST	
	√
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 2.2 - Totalisator Manager application - Confirmation of employment from the totalisator licensee.	
Attachment labelled Part 2.2 – Totalisator Agent application – A copy of the agreement between the totalisator licensee and the agent.	
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 3.3 – 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.	
Attachment labelled Part 3.24 - Original copy of a valid tax clearance certificate.	