



All correspondence to: The Chief Executive Officer, Western Cape Gambling & Racing Board, P O Box 8175, ROGGEBAAL, 8012, Republic of South Africa, Tel. No. 27-21-4807400, Fax No. 27-21-4222603/2/5, Website : www.wcgrb.co.za

APPLICATION FOR AUTHORISATION TO POSSESS GAMBLING DEVICES REQUIRED FOR SOCIAL GAMBLING (BINGO) IN TERMS OF SECTION 67(1)(c) OF ACT 4 OF 1996.

1. NAME AND PHYSICAL ADDRESS AS WELL AS CONTACT TELEPHONE NUMBER OF APPLICANT [PLEASE PROVIDE NAME OF ORGANISATION/BODY]:

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2. PLEASE TICK THE APPROPRIATE BLOCK.

APPLICANT IS A: Church School Sports Club Registered Fund-Raising Entity
[] [] [] []

3. IF THE APPLICANT IS A REGISTERED FUND-RAISING ENTITY, PROVIDE FUND-RAISING NUMBER & THE PURPOSE OF THE FUNDRAISING:

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4. PLEASE INDICATE THE FREQUENCY OF THE BINGO EVENTS (eg twice a month), ON WHICH DAYS OF THE WEEK & AT WHAT TIME ON THESE DAYS THE BINGO WILL TAKE PLACE

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5. INDICATE THE NATURE, EXACT NUMBER AND SOURCE OF THE GAMBLING DEVICES TO BE USED IN TERMS OF THE AUTHORISATION (e.g. 30 home-made bingo cards):

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6. PROVIDE THE EXACT PHYSICAL ADDRESS WHERE THE BINGO WILL BE OFFERED FOR PLAY

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7. INDICATE THE PHYSICAL ADDRESS WHERE THE GAMBLING DEVICES WILL BE KEPT DURING THE PERIOD FOR WHICH AUTHORISATION IS SOUGHT (Note that the gambling devices may be kept ONLY at the place stipulated in an authorisation issued by the Board, possession of such devices in ANY other location will be unlawful).....

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8. WILL ANY PERSON OTHER THAN THE APPLICANT RECEIVE ANY SHARE IN THE PROFIT FOR OPERATING, CONDUCTING CARRYING ON, MAINTAINING OR PROVIDING THE BINGO?

Yes No

IF YES, PROVIDE FULL MOTIVATION.....

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9. WILL ANY PERSON RECEIVE ANY FORM OF PAYMENT OR REMUNERATION FOR OPERATING, CONDUCTING, CARRYING ON, MAINTAINING OR PROVIDING THE BINGO?

Yes No

IF YES, PROVIDE FULL MOTIVATION.....

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PLEASE READ THE SECTION BELOW CAREFULLY BEFORE SIGNING THIS FORM. YOUR SIGNATURE OF THIS FORM WILL BE TAKEN TO SIGNIFY THAT YOU HAVE READ AND UNDERSTOOD THIS DOCUMENT IN ITS ENTIRETY AND THAT YOU WARRANT THAT ALL THE INFORMATION PROVIDED IN THIS FORM (INCLUDING THE PARAGRAPH BELOW) IS TRUE.

I,(Full names), Identity Number, declare that I have been duly authorised to complete this application on behalf of the Applicant. I have personally completed this application form and ensured that all the information provided herein is accurate and true.

I understand that the Applicant will not be entitled to offer bingo unless and/or until an authorisation to possess the gambling devices required for such bingo has been issued by the Board and placed in the physical possession of the Applicant.

I understand that if an authorisation is granted, such authorisation will be valid only in respect of the number of gambling devices specified in the authorisation, and will not entitle the Applicant to possess any further gambling devices not specified in the authorisation. I also understand that the devices specified in any authorisation which may be issued by the Board may be lawfully possessed ONLY at the physical address(es) specified in the authorisation.

I further declare that the Applicant has been made aware of all the information and warranties contained in this application form.

TO BE COMPLETED AND SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS:

I know and understand the contents of this declaration.

I have no objection to taking the prescribed oath.

I consider the oath to be binding on my conscience.

SIGNATURE OF APPLICANT

DATE

CERTIFICATION BY COMMISSIONER OF OATHS:

PLEASE NOTE THAT IF THIS APPLICATION IS NOT CERTIFIED BY A COMMISSIONER OF OATHS, IT WILL NOT BE CONSIDERED.