



**BUSINESS ENTITY DISCLOSURE FOR A NEW / RENEWAL APPLICATION**

*Tick the appropriate box to indicate for which licence application is made:*

<b>A Casino Operator licence</b>	<input type="checkbox"/>
<b>A Manufacturer licence</b>	<input type="checkbox"/>
<b>A Route Operator</b>	<input type="checkbox"/>
<b>Finding of suitability as a direct or indirect shareholder* in a Casino / Manufacturer/Route Operator</b>	<input type="checkbox"/>
<b>Management company of a casino operator</b>	<input type="checkbox"/>

*\*A direct or indirect shareholder with a 5% or more financial interest in the applicant*

<b>Registered name of business</b>	
<b>Trading name of business</b>	
<b>Date of completion of form</b>	

<b>If applying as direct or indirect shareholder, state the name of the Casino / Manufacturer/Route Operator associated with</b>

All correspondence to be addressed to:

The Chief Executive Officer  
P O Box 8175  
ROGGEBAAI  
8012  
Republic of South Africa

Telephone no : 27-21-480 7400  
Fax no : 27-21-422 2602/3/5  
Web site: www.wcgrb.co.za

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<b>FOR OFFICE USE ONLY</b>	<b>REFERENCE NUMBER</b>

## APPLICATION INSTRUCTIONS

Please note that this form must also be completed by the following corporate entities:

- a) any legal person holding a direct or indirect financial interest of 5% or greater in the Applicant;
- b) any legal person which has the power to exercise significant influence over the gambling business to be conducted by the Applicant. A person which may materially contribute towards the determination of policy in respect of the gambling business of an Applicant, or which may involve itself in, or materially in any way intervene in the management of such business, is regarded by the Board as exercising a significant influence over the gambling business of such Applicant. Should a direct shareholder of the Applicant therefore be dormant, a shelf company or purely conduit for funds between the Applicant and the controlling shareholder (s), only the latter should also complete this form.

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in certain questions.
2. Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information required, your application will be considered to be incomplete and may be rejected by the Board.
3. If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided for the answer. If there is nothing to disclose about a particular question, write "None" in the space provided for the answer. If an alteration is made to an answer, sign in full next to the alteration.
4. All answers on this form, except signatures, must be typed or **neatly printed in black ink**. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. **This application form must be completed by the authorised person of the company or close corporation which applies for specific licence indicated on the front page and** to be issued by the Western Cape Gambling and Racing Board ("Board"). Return the completed form to the Manager: Licensing, Western Cape Gambling and Racing Board, PO Box 8175, ROGGEBAAI, 8012, Republic of South Africa or, if by hand, to Seafare House, 68 Orange Street, Gardens, CAPE TOWN, Republic of South Africa.
6. The original completed application form and all the additional required information must be submitted to the Board (**no copies of the original application or the supporting documentation are required to be submitted**).
7. If additional space is required to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
8. All amounts must be in **South African Rands**. When converting from a foreign currency to South African Rand or if documents are included which reflect foreign currencies, convert at or quote the **exchange rate** with respect to South African Rand and quote the **date of the rate of exchange**.
9. If any details of the applicant, which are reflected in this application form, change before a licence/finding of suitability certificate has been issued by the Board, the Board must immediately be notified in writing.
10. All dates must be in the format: **Day / Month / Year**.

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## 1. DETAILS OF APPLICANT

<b>Registered name</b>	
<b>Registration number</b>	
<b>Trading name</b>	
<b>Principal activities</b>	

### Person to be contacted with regard to this application

<b>Name</b>		<b>Title</b>	
<b>Telephone no</b>		<b>Fax no</b>	
<b>E-mail address</b>		<b>Cell phone no</b>	

### Principal business address of the applicant

<b>Street address</b>			
<b>City/Town</b>		<b>Province/State</b>	
<b>Postal code</b>		<b>Country</b>	
<b>Telephone no</b>		<b>Fax no</b>	
<b>Web site address</b>			

<b>Mailing address</b>			
<b>City/Town</b>		<b>Province/State</b>	
<b>Postal code</b>		<b>Country</b>	

### Registered office of the applicant

<b>Street address</b>			
<b>City/Town</b>		<b>Province/State</b>	
<b>Postal code</b>		<b>Country</b>	
<b>Telephone no</b>		<b>Fax no</b>	

## 2. OTHER NAMES AND ADDRESSES OF THE APPLICANT

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State all previous names under which and addresses from which the applicant has done business in the past five years.

Previous names	Street addresses	City/Town/Province/ Country/Postal Code	Period

### 3. DESCRIPTION OF THE TYPE OF ENTITY

Indicate what type of legal entity the applicant is:

Limited liability company	
Public unlisted company	
Public listed company	
Foreign company registered as an external company in South Africa	
Close corporation	
Partnership	
Section 21 company	
Trust	
Corporation	

### 4. DOCUMENTATION REQUIRED

**4.1** Where applicable, submit certified true copies of the **Memorandum and Articles of Association, Certificate of Incorporation, Founding Document, Charter, Shareholders' Agreement, Partnership Agreement, Trust Deed, certificate(s) of legal name changes and all amendments thereto.**

**4.2** Submit a certified true copy of the **Board or similar resolution authorising the appointment of the signatory to sign the application documents on behalf of the applicant.**

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**4.3** Provide **copies of all agreements concluded** between the **applicant and its shareholders and subsidiaries** and between the applicant and **other parties** pertaining to gambling matters or activities.

**5. DESCRIPTION OF BUSINESS**

On a separate page, under the above heading, describe **the business history, the present activities and the intended operations of the applicant, its holding company and all subsidiaries**. Cover the period for the last five years, or such shorter period as the aforementioned entities have been in operation.

The overview must include information on matters such as the following:

- Competitive conditions in the industry and the perceived competitive advantage of the applicant.
- A description of the proposed or existing business and all additional ventures the applicant intends to incorporate in its operation.
- The sources and availability of resources essential to the successful operation of the business.
- The importance to the operation and the duration and effect of all material patents, trademarks, licences, franchises and concessions held by the applicant.
- Any previous gambling operations the applicant has been involved in during the past five years.

**6. SHAREHOLDING IF THE APPLICANT IS A COMPANY**

Share structure	No of shares authorised	No of shares issued	Par value per share	Premium at issue	Current market value	Classes*	Voting rights
Ordinary shares							
Preference shares							

**Provide a copy of the most recent share register or indicate where it may be perused.**

*\* Elaborate if there is more than one class of share or classes of shares with different voting rights.*

**6.1** If the rights of shareholders of any class of shares may be modified other than by a vote, indicate this and explain briefly:

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**6.2. NON – VOTING SHAREHOLDERS**

If applicable, give details of all the non – voting shareholders below:

Name & address of shareholder	ID / passport / registration no of entity	Date of birth in the case of individuals.	Number of shares held	Description of non-voting shares	Method of payment for the shares

Explain the underlying reasons for the issue of non – voting shares. Also indicate if these non – voting shares can be converted to voting shares and under what conditions.

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**7. QUALIFIERS**

**PLEASE NOTE:**

*A Personal History Disclosure (“PHD”) form must be completed by every person who is classified below or who qualifies in terms of paragraphs (a) or (b) of the “Application Instructions”. In addition, the Board may, at its discretion, order additional persons associated with the company to file such a form if it appears that such persons should be qualified in order to effect the purposes of the Western Cape gambling and Racing Act and Regulations.*

**Casino / Manufacturer:**

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\* Provide the date of birth and the nationality should the owner not be a RSA citizen.

**7.1.3.** List all the directors of the applicant.

Full name	ID no/ passport no *	Designated position	Executive/ Non- executive	Representing which shareholder

\* Provide the date of birth and nationality should the director not be a RSA citizen.

**7.1.4.** List the executive management of the applicant.

Full name	ID no/ passport no *	Designated position

\* Provide the date of birth and nationality should the director not be a RSA citizen.

**8. DIAGRAMMATIC REPRESENTATION OF OWNERSHIP**

If question 7 above indicates any entity as holding any shares, a partnership interest or any other ownership interest in the applicant, prepare a **diagrammatic flowchart** which illustrates the entire relationship of all the entities involved with the applicant as an attachment labeled **“Question 8”**.

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List all legal and natural persons, who each hold a direct or indirect financial interest of 5% or more in the applicant, clearly indicating the respective shareholdings in each entity, including the applicant. If the ultimate holding company of the applicant is a public company and no natural person controls 5% or more of the publicly traded shares, indicate this fact in a footnote to the flowchart.

**9. BONUSES, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED REMUNERATION OR SIMILAR PLANS**

Describe all existing bonuses, profit sharing, pension retirement, deferred remuneration or similar plans by the applicant in the format below. If there is insufficient space, please continue on additional pages, using the same format, clearly identifying the questions.

<b>Title or name of plan</b>	
<b>Name of trustee(s) or the person(s) administering the plan</b>	
<b>Address of the trustee(s) or the person(s) administering the plan</b>	
<b>Telephone no</b>	
<b>Material features of the plan</b>	
<b>Methods of financing the plan</b>	

**Identity of each group of persons who is participating or who will participate in the plan indicating the approximate number of persons in each group**

**Amounts distributed under the plan to each group of persons during the last financial year, if the plan was in effect during that period of time**

**Authorised signature** \_\_\_\_\_

**10. SHARE OPTIONS**

**A.** Describe in detail any options existing in respect of shares issued or to be issued by the applicant. The description must include the title and number of shares subject to the option, the reason/purpose of the option, the year(s) during which the options have been or will be granted, the conditions under which the options have been or will be granted, the monetary consideration in respect of the option or the formula used to determine the value of the option, the terms under which option holders became, or will become, entitled to exercise the options, the period involved for exercising the options and the date of expiry of the options. For the purposes of this application, “option” means the right, warrant or option to subscribe to or purchase any shares issued by the company. (Continue on a separate page, if there is insufficient space)

**B.** Identify all persons holding the options as described in **A** and complete the table below:

Name of persons	Relationship with entity	No of shares involved in option	Market value of the option at the time of issue	Current market value of the option

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**Authorised signature**\_\_\_\_\_



## 11. DESCRIPTION OF LONG-TERM DEBT

Indicate the current holders, terms and conditions of all outstanding bonds, loans, mortgages, redeemable preference shares, notes, debentures or other forms of indebtedness issued or executed (including loans made to shareholders) which mature more than one year from the date of issue or which, according to their terms, are renewable for a period of more than one year from the date of issue. Complete the table below for this purpose.

Name & address of creditor	ID/ pass-port/registration of entity *	Type & class of debt instrument held	Effective interest rate p.a.	Maturity date	Original amount of debt	Current outstanding amount of debt	Security given for debt	Reason for debt incurred

\* Provide the date of birth and nationality should the individual not be a RSA citizen.

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## 12. OTHER INDEBTEDNESS

Furnish the information below with respect to all other outstanding indebtedness other than those described in question 11.

Name & address of creditor	ID/ pass-port/registration of entity *	Description of debt	Effective interest rate p.a.	Maturity date	Original amount of debt	Current outstanding amount of debt	Security given for debt	Reason for debt incurred

\* Provide the date of birth and nationality should the individual not be a RSA citizen

Authorised signature \_\_\_\_\_



### 13. FINANCIAL INSTITUTIONS

13.1 Furnish the information below in respect of all bank accounts currently held with any financial institution, whether domestic or foreign, regardless of whether such account was held in the name of the applicant or a nominee of the applicant or was otherwise under the direct or indirect control of the applicant.

Name & street address of financial institution	Name of account holder	Type of account(s)	Account number	Period of time account held (from/to)	Balance of account

Provide copies of statements of all the accounts indicated above which will reflect all transactions for the past three months.

13.2 Furnish the information below in respect of all bank accounts closed during the past five years at any financial institution, whether domestic or foreign, regardless of whether such account was held in the name of the applicant or a nominee of the applicant or was otherwise under the direct or indirect control of the applicant.

Name & street address of financial institution	Name of account holder	Type of account(s)	Account number	Period of time account held (from/to)	Reasons for closing the account

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#### 14. SHARES HELD BY COMPANY

Furnish the information below in respect of each company in which the applicant holds shares.

Name of company	Reg. no of company	Type of shares held	Purchase price of shares	Number of shares held	Date acquired	Percentage ownership held	Current market value

#### 15. SHARE TRANSACTIONS

Furnish the information below for each change, within the **five years** preceding the date of this application, in the beneficial financial ownership of the shareholding of the applicant on the part of any person who is directly a beneficial owner of 5% or more of any class of share in the company, or who is, or was, a director or an official of the company within that period. (Include changes resulting from a sale, a donation, the exercise of an option to purchase or to sell or any other share transaction).

Date of transaction	Nature of transaction	Name of buyer	Name of seller	Number of shares involved	Value of the transaction	Method of payment

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## 16. CONTRACTORS AND SUPPLIERS

Furnish the information below with respect to all entities with whom the applicant has contracts or agreements valued at R100 000 or more, or from whom the company has received R100 000 or more in goods or services in the **six months** preceding this application.

Name of contractor/supplier	Street address & telephone no	Nature of goods or services supplied	Value of contract	Method of payment

## 17. FINANCIAL INTERESTS WHICH THE APPLICANT HAS IN ANY OTHER BUSINESSES, EXCLUDING SHARES

Describe below the nature and extent of any business interest the applicant has in any other businesses.

## 18. CRIMINAL AND RELATED HISTORY

This question requests information about any offences the applicant, its officers, owners, or subsidiaries may have committed or may have been charged with. Prior to answering this question, carefully study the definitions and instructions below.

**For the purposes of this application form: -**

“Offence” includes all crimes, felonies, misdemeanors, or criminal offences regardless of their classification, and includes offences in respect of which an admission of guilt fine was payable without an obligation to appear in court.

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“**Charge**” includes any indictment, complaint, information, summons or other notice relating to the alleged committing of any offence.

“**Officer**” includes all directors, executive management and trustees.

“**Owner**” includes all shareholders, members, partners, trusts with a direct or indirect financial interest of 5% or more in the applicant.

Where an applicant has been charged, answer of “**yes**” must be given and all relevant information provided to the best of your ability, even if:

- the applicant did not commit the offence with which it was charged;
- the charge was dismissed or withdrawn;
- the applicant was not convicted or
- the charges or offences happened more than ten years ago.

If the records relating to the charges have been expunged by court order, answer “**no**” and attach a copy of the expunction order to this application, labeling it “**Attachment to question 18**”.

**18.1 OFFICIAL ENQUIRY**

Has the applicant, its owners, officers or any of its subsidiaries (if a company) in the past ten years ever been subjected to an official enquiry by any regulatory body, government or provincial department, law enforcement agencies or gaming authorities?

Yes		No	
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If yes, provide details below:

**18.2 INDICTMENTS, CHARGES AND CONVICTIONS**

Has the applicant, its owners, officers or any of its subsidiaries (if the applicant is a company) ever been indicted, charged\* with or convicted of a criminal or disorderly persons’ offence or been a party or named as an indicted co-accused or co-conspirator in any criminal proceeding in any jurisdiction?

Yes		No	
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Authorised signature \_\_\_\_\_



If yes, complete the table below:

Case number	Nature of charge or complaint	Date	Name & address of Act enforcement agency	Court involved	Outcome	Sentence

**19. TRADE REGULATIONS AND SECURITIES JUDGMENTS**

Has the applicant, its owners, officers or any of its subsidiaries (if the applicant is a company) ever had a judgment, consent, decree or consent order pertaining to a violation or alleged violation of trade regulations or securities Acts or similar Acts of any country, entered against it?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, complete the table below:

Case number	Name & address of court or agency	Nature of judgement, decree or order	Date entered

**20. INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT OR TRUSTEE**

A. Has the applicant, its owners, officers or any associated company had any application or petition under any provision of any insolvency or bankruptcy legislation filed by or against it during the ten years preceding the date of this application?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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Authorised signature \_\_\_\_\_



If yes, provide details below:

**B.** Has the applicant, its owners, officers or any associated company sought relief under any provision of any insolvency or bankruptcy legislation during the ten years preceding the date of this application?

<b>Yes</b>		<b>No</b>	
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If yes, provide details below:

**21. INSURANCE**

**21.1.** Has the applicant ever suffered damages to or sustained any losses of any of its assets in respect of which an insurance payment of more than R250 000 or the equivalent thereof was paid out?

<b>Yes</b>		<b>No</b>	
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If yes, provide details below including the name of the insurance company, the insurance broker, the number of the insurance policy, the claim number and the nature of the damage or loss.

**21.2.** Has the applicant ever owned property or a business which was damaged or destroyed by fire?

**Authorised signature** \_\_\_\_\_



Yes		No	
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If yes, provide details below including the name of the insurance company, the insurance broker, the number of the insurance policy and the claim number.

**21.3.** Has a claim of the applicant ever been investigated by an insurance agency?

Yes		No	
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If yes, provide details below, including the policy number, the insurance company and the reason for the investigation.

**22. EXISTING LITIGATION**

Is the applicant, any owner, officer or subsidiary currently involved in any litigation?

Yes		No	
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If yes, on a **separate pages under the above number and heading**, describe all existing civil litigation in which the applicant, owner, officer or subsidiary is currently involved with, whether in the Western Cape or in any other jurisdiction. Exclude any case for monetary damages where the damages are not expected to exceed R100 000 or the equivalent thereof.

The description must include all the relevant details such as the title, case number, name and address of the court where the case is pending, the identity of all the parties, a summary of the charge and the general nature of all claims being made as well as the next date to appear in court.

**23. GAMBLING LICENCES**

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Provide details below of all gambling-related licences **currently or previously held and applications pending:**

Name, address, tel. no. of jurisdiction which issued the licence	Date of licence granted	Outcome of application incl. specific conditions	Type of licence	Licence number & expiry date	Indicate current / pending

\* Provide copies of all licences granted as well as the conditions attached to each licence.

**24. NON-GAMBLING LICENCES**

Has the applicant ever made application to a licensing agency, other than a gambling authority, for a licence, permit, certificate of qualification or similar authorisation to conduct any type of activity, e.g. the sale or distribution of liquor?

Yes		No	
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If yes, complete the table below.

Date of application	Name & address of licensing authority	Type of licence, specifying nature of activity	Outcome of application	Licence/other number & expiry date

**25. LICENCES DENIED, SUSPENDED OR REVOKED**

Authorised signature \_\_\_\_\_



In the five years preceding the date of this application, has the applicant had any licence or certificate issued by a government agency or licensing authority in any jurisdiction, denied, suspended or revoked?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, complete the table below.

Type of licence or certificate	Name & address of authority	Action taken by the agency	Date	Reason

**26. CONTRIBUTIONS AND DISBURSEMENTS**

**26.1.** In the five years preceding the date of this application, has the applicant, any owner, officer, partner, employee or any third party acting for or on behalf of the applicant offered or been alleged to have offered any inducements, financial or otherwise, to any employee, company, organisation or government official, either domestic or foreign, to obtain favourable and / or preferential treatment?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details below.

Authorised signature \_\_\_\_\_



**26.2.** Have any funds or property of the applicant , its owners, directors or officers been donated or loaned for the purpose of opposing or supporting any government, political party, political campaign, candidate or committee, either domestic or foreign?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details below.

**26.3.** Has the applicant, its owners or officers made or granted any loans, donations or other disbursements to directors, officers, partners or employees for the purpose of reimbursing such individuals for political contributions, either domestic or foreign?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details below.

**26.4.** Has the applicant or its owners of officers maintained any bank or numbered account or any account in the name of a nominee for the company or as a nominee for another company or business entity?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details below.

Authorised signature \_\_\_\_\_





**26.5.** List the names and addresses of any present or former director, officer, partner, employee or third party who would have knowledge or information concerning the questions affirmatively answered under **26.1 to 26.4** above.

Name	Contactable address (also e-mail address if available)	Telephone, fax or cell phone numbers

**27. ATTACHMENTS (ALL DOCUMENTATION MUST BE SUPPLIED IN ENGLISH)**

The following documents must be appended to this application form:

**27.1. Audited financial statements of the applicant for the past three years.**

If the applicant has been dormant or has been newly acquired, audited statements are still required to satisfy the investigative authority that the applicant has no material liabilities or contingent liabilities.

**27.2. Annual reports of the owners of the applicant for the past three years.**

**27.3. Management accounts following the last audited financial statements to present date.**

**27.4. Organisational chart**

Submit an organisational chart in respect of the applicant, which illustrates the organisational hierarchy and job descriptions with the names of all the incumbents, including all governance structures, e.g. audit and similar committees.

**28. TAX INFORMATION**

**28.1.** Complete the tax details in respect of the applicant requested below:

Income tax reference no		Tax authority location	
VAT reference no		RSC reference no	
PAYE reference no		UIF reference no	
WCA reference no		SDL reference no	

*\*Provide the equivalent documents if from a foreign country*

*WCA = Workmens Compensation Act      PAYE = Pay As You Earn*

*RSC = Regional Services Council      VAT = Value-Added Tax*

*UIF = Unemployment Insurance Fund      SDL = Skills Development Levies*

Authorised signature \_\_\_\_\_



28.2. Has the applicant submitted its income tax returns for the **three** years directly preceding the date of this application to the relevant Authorities?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, and the applicant is registered in South Africa, attach certified true and legible copies of all the pages and supporting schedules of the tax returns covering those three years, the corresponding tax assessments and any attachments to the tax returns as well as a tax clearance certificate. Foreign businesses must furnish tax clearance certificates or the equivalent from the country of origin.

If no, give an explanation below.

(Documentation in respect of any extension granted by any Tax Authority must also be attached).

The following documentation must also be attached if the Tax Authority is in South Africa:

- Copies of the VAT returns submitted to the South African Revenue Services for the 12 months preceding the date of this application.
- A current PAYE statement of account for the applicant.
- A current RSC statement of account for the applicant.
- A current UIF statement of account for the applicant.
- A current WCA statement of account for the applicant.
- A current SDL statement of account for the applicant.

Authorised signature \_\_\_\_\_



**AFFIDAVIT**

I, \_\_\_\_\_ (full name), do hereby make oath and say that:

1. I am duly authorised to make this declaration on behalf of \_\_\_\_\_  
 (name of entity represented).
2. I am aware that the Board may refuse a licence to any applicant that supplies information to the Board which is untrue or misleading as to a material fact pertaining to the qualification criteria.
3. The particulars contained herein are to the best of my knowledge and belief true and correct in every detail and I have fully disclosed the information required in completing this form.

Signature of Deponent	Date

I certify that:

The Deponent has acknowledged that:

1. He/she knows and understands the contents of this declaration;
2. He/she has no objection to taking the prescribed oath, and
3. He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn / affirmed \* before me at \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\* Delete which is not applicable

COMMISSIONER OF OATHS

COMMISSIONER OF OATHS

**Note: This affidavit must be accompanied by a Board resolution authorising the signatory to execute same.**

**Authorised signature** \_\_\_\_\_



**AUTHORISATION FOR EXAMINATION AND RELEASE OF INFORMATION**

TO: All courts, probation departments, employers, educational institutions, banks, financial and other institutions, the Receiver of Revenue, credit bureaux, Act agencies, all agencies and institutions without exception, both domestic and foreign, and to whomsoever else this authorisation may duly be presented.

FROM: \_\_\_\_\_ (full name and surname)

\_\_\_\_\_ (address)

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

I D no \_\_\_\_\_ Passport no \_\_\_\_\_

I, being the duly authorised representative of \_\_\_\_\_ (“the Applicant”),  
HEREBY AUTHORISE the Chief Executive Officer of the Western Cape Gambling and Racing Board or any person authorised by an original letter of authority, signed by the Chief Executive Officer (“an authorised delegate”), to have access to, in order to inspect and to obtain copies of:

- (a) any credit report, financial report, tax report, value added tax report or other report of all entities in which the Applicant has a financial or personal interest, or legal or personal information derived from those reports or any other report which has any bearing on the Applicant’s creditworthiness, credit history, credit standing or credit capacity;
- (b) any loan information, cheque account records, saving deposit records, safety deposit box records, savings book records and bank statements pertaining to the Applicant;
- (c) any records relating to any investigations into the activities of the Applicant conducted by any police force, crime investigation agencies, corporate regulatory agencies or any gambling or casino regulatory bodies;
- (d) any court records relating to any present, past or pending civil or criminal court proceedings to which the Applicant is or was a party;
- (e) any current and past employment records or correspondence relating to the Applicant, and
- (f) any other document, record or correspondence pertaining to the Applicant.

\_\_\_\_\_

You are HEREBY AUTHORISED to release to the Chief Executive Officer of the Western Cape Gambling and Racing Board or an authorised delegate all the documents, reports and information as contemplated above and requested by any of them.

This AUTHORISATION supersedes and countermands any prior request or authorisation to the contrary.  
A photocopy of this AUTHORISATION will be considered to be as effective and as valid as the original.

Signature of Deponent	Date	Signature-Witness 1	Witness 1 Print name	Signature-Witness 2	Witness 2 Print name

**Note: This Authorisation must be accompanied by a Board resolution authorising the signatory to execute same.**

**Authorised signature** \_\_\_\_\_



**ACCESS TO TAX RECORDS**

As the duly authorised representative of \_\_\_\_\_ (“Applicant”), I am aware that the confidentiality of income tax returns of the Applicant is protected by Act. The Applicant therefore undertakes, upon request by the Western Cape Gambling and Racing Board (“Board”), to procure from the Receiver of Revenue or any similar tax authority wherever located, which has in its custody or possession any records pertaining to the corporate tax returns of the Applicant, such of those records as may be requested by the Board and to place the Board in possession thereof for the purposes of consideration of this application.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_,

For and on behalf of the Applicant:

\_\_\_\_\_  
 who warrants his/her authority

\_\_\_\_\_  
 Address of the Applicant

Signature-Witness 1	Witness 1 Print name	Signature-Witness 2	Witness 2 Print name

Place : \_\_\_\_\_

**Note: This Authorisation must be accompanied by a Board resolution authorising the signatory to execute same.**

**Authorised signature** \_\_\_\_\_