



BUSINESS ENTITY DISCLOSURE FOR A NEW APPLICATION

Form LA 03

Page 1 of 30

A LIMITED PAYOUT MACHINE SITE LICENCE

Registered name of business	
Trading name of business	
Date of completion of form	

Name of the Route Operator licence holder contracted to

Name of the Route Operator representative	Contact number of representative

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

FOR OFFICE USE ONLY	REFERENCE NUMBER

Authorised signature_____

APPLICATION INSTRUCTIONS

Please note that this form must be completed by the business entity which is the Actful owner or occupier of the site in respect of which the licence is applied for (“the primary business”).

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 business entity which applies for the specific licence as 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 (no copies of the application are required) must be submitted to the Board.
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.
9. If any details of the primary business, which are reflected in this application form, change before a licence has been issued by the Board, the Board must immediately be notified of such change in writing.
10. All dates must be in the format: **Day / Month / Year**.

Authorised signature _____

1. PRIMARY BUSINESS

Indicate the legal nature of the primary business conducted on the site:

Please tick one of the following options:

An individual (sole proprietor) [Only complete PART A before continuing with section 2]	
A group of individuals [Only complete PART B before continuing with section 2]	
A corporate entity [Only complete PART C before continuing with section 2]	

PART A

Details of individual

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimile number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Trading / business name	
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Principal business address of the primary business

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

Mailing address			
City/Town		Province/State	
Postal code		Country	

Authorised signature _____

Principal activities of the current business

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PART B

Description of the business

Partnership	
Other (specify)	

Details of the group of individuals

Person

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Person

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Authorised signature_____

Person

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimile number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Person

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimile number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Should there be more than four individuals with a financial interest in the business, please provide the complete details as indicated above on a separate ANNEXURE clearly marked ANNEXURE TO PART B

Trading / business name	
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Principal business address of the primary business

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

Mailing address			
City/Town		Province/State	
Postal code		Country	

Authorised signature _____

Principal activities of the current business

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PART C

Description of corporate entity

Limited liability company	
Public unlisted company	
Public listed company	
Close Corporation	
Section 21 company	
Trust	
Other (specify)	

Details of corporate entity

Registered name	
Registration number	
Trading name	
Principal activities	

Principal business address of the primary business

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

Authorised signature _____

Mailing address			
City/Town		Province/State	
Postal code		Country	

Registered office of the primary business

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

2. PERSON TO BE CONTACTED WITH REGARD TO THIS APPLICATION

Name		Title	
Telephone no		Fax no	
E-mail address		Cell phone no	
Relationship with respect to applicant			

3. LEGAL OWNER OF THE PROPERTY OR LAND

Name of the registered owner of the property or land	
Trading name of the owner of the property or land	
Registration number of business (where applicable)	
Principal activities	

Principal business address of the primary business

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

Authorised signature _____

Mailing address			
City/Town		Province/State	
Postal code		Country	

Registered office of the primary business

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

Description of business

Sole proprietor	
Partnership	
Trust	
Limited liability company	
Public unlisted company	
Public listed company	
Close Corporation	
Section 21 company	
Other (specify)	

PERSON TO BE CONTACTED WITH REGARD TO QUESTION 3

Name		Title	
Telephone no		Fax no	
E-mail address		Cell phone no	

Submit a letter of consent or approval in respect of the conduct of the gambling activities on the site, duly signed by the relevant landlord, Actful owner or managing agent of the property or land as part of this application.

Authorised signature _____

4. DOCUMENTATION REQUIRED

4.1 Where applicable, submit certified true copies of the Memorandum and Articles of Association, Certificate of Incorporation, Founding Statement, Charter, Shareholders' Agreement, Partnership agreement, Association agreement, signed Lease agreement between the legal occupier and the owner of the site, Trust deed, certificate(s) of legal name changes and all amendments thereto and any other statutory documentation that may be of any significance. Written consent or authorisation must be submitted as proof that all partners, shareholders, members, trustees, etc. are amenable to a Actful gambling operation being conducted on the site.

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 primary business.

5. DESCRIPTION OF BUSINESS

Provide a detailed description of the following:

A. Business history and overview of the present business activities

B. Details and date of acquisition of the primary business

C. Details of the financing of the primary business

Authorised signature_____

D. Proof of ownership of the property or land (attach a copy of the deed of transfer, title deed or deeds search and a copy of the Lease Agreement where the property is leased.

E. Intended operations or additional ventures of the primary business

F. Current and proposed operating hours of the business

Prior to activation of LPM's

Current hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening hours							
Closing hours							

After activation of LPM's

Authorised signature_____

Proposed hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening hours							
Closing hours							

G. Protection fees payable by the business or the legal owner of the site

H. Supervisory measures enforced on the site

I. Is the property subject to a lien or hypothec? If Yes, provide complete details

J. Details of the existing employees of the business who will be actively involved with the supervision of the LPM's

Authorised signature _____

Full name of employee	ID number	Permanent / Temporary	Date of employment	Designation and duties

6. SHAREHOLDING IF THE PRIMARY BUSINESS CONDUCTED ON THE SITE IS THAT OF A COMPANY

SHARES	Number of shares authorised	Number 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 a change in 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:

7. QUALIFIERS

PLEASE NOTE:

Authorised signature _____

A Personal History Disclosure (“PHD”) form must be completed by every person who is classified below. 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.

LPM Site

The Board of Directors, executive management, and all personnel who will be involved in the gambling operation of the business who qualify in terms of sections 56 and 57 of the Act as key or gambling employees, and all natural persons who are beneficial owners of a 5% or greater financial interest in the primary business, directly or indirectly.

7.1. INVOLVEMENT

7.1.1 Direct shareholding - list all the owners, being direct shareholders, members, partners or trustees of the applicant below:

Name of owner	ID no/ passport no /registration no of entity *	No. of shares held	% of share- holding
TOTAL SHAREHOLDING			100%

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

7.1.2 Indirect shareholding - list all the owners, being shareholders, members, partners or trustees of the applicant with a 5% or greater indirect shareholding below:

Authorised signature _____

Name of owner	ID no/ passport no /registration no of entity *	No. of shares held	% of indirect shareholding in applicant

* 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.

8. DIAGRAMMATIC REPRESENTATION OF OWNERSHIP

Authorised signature_____

If question 7 above indicates any entity as holding any shares, a partnership interest or any other ownership interest in the primary business, prepare a **diagrammatic flowchart** which illustrates the entire relationship of all the entities involved with the primary business as an attachment labeled **“Question 8”**. List all legal and natural persons, who each hold a direct or indirect financial interest of 5% or more in the primary business, clearly indicating the respective shareholdings in each entity, including the primary business. If the ultimate holding company of the primary business 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. PLACES OF WORSHIP

- A. If the site making application for this licence is situated within 100 meters from any place of worship, the applicant must provide written proof that inputs/comments from the place of worship have been requested which pertain to either the ownership in terms of the title deed or at least an indication of the zoning category within which such activities take place, the period over which worshipping activities have been conducted on such site and the number of congregants.**

These inputs/comments must be provided to the Office of the Board within 30 days from the date of this application.

Failure to provide the above requested information timeously will result in such site not being processed for consideration during the current batch of applications.

- B. Furthermore, if the site making application for this licence is situated within 100 meters from any place of worship, the applicant must provide written proof of requesting inputs/comments from any recognized/confirmed/correctly zoned place of worship, relating to the installation of LPM's in the proposed site.**

These inputs/comments must be provided to the Office of the Board within 30 days from the date of this application.

Authorised signature _____



10. DESCRIPTION OF ALL 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).

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.

Authorised signature _____



11. FINANCIAL INSTITUTIONS

11.1 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.

11.2 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

Authorised signature _____



12. 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

13. FINANCIAL INTERESTS WHICH THE PRIMARY BUSINESS HAS IN ANY OTHER BUSINESSES, EXCLUDING SHARES

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

14. 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.

Authorised signature _____



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.

“**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 13**”.

14.1 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, Act enforcement agencies or gaming authorities?

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

Authorised signature _____



14.2 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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If yes, complete the table below:

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

15. 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 act or under any insolvency Act filed by or against it during the ten years preceding the date of this application?

Yes	No
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If yes, provide details below:

Authorised signature _____



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

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

16. INSURANCE

16.1. 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?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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.

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

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Authorised signature _____



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.

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

Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details below, including the policy number, the insurance company and the reason for the investigation.

17. EXISTING LITIGATION

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

Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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.

Authorised signature _____



18. GAMBLING LICENCES

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.

19. 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

Authorised signature _____



20. LICENCES DENIED, SUSPENDED OR REVOKED

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			No	
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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

21. INVOLVEMENT IN GAMBLING ACTIVITIES

Has the primary business **ever** been involved in **any** previous gambling activities, **whether legal or illegal**?

Yes			No	
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If yes, complete the table below.

Type of involvement	Details	Conviction	Admission of guilt

Authorised signature _____



22. ATTACHMENTS (ALL DOCUMENTATION MUST BE SUPPLIED IN ENGLISH)

The following documents must be appended to this application form:

22.1. Financial statements of the primary business for the past three years.

Provide copies of audited accounts or any other ledger accounts (no cash slips or invoices permissible) in the case where audited statements are not a requirement of that entity. If the primary business has been dormant or has been newly acquired, audited statements are still required to satisfy the investigative authority that the primary business has no material liabilities or contingent liabilities.

22.2. Management accounts following the last audited financial statements / other ledger accounts in the case where audited statements are not a requirement to present date.

23. TAX INFORMATION

23.1. 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

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

Yes		No	
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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.

Authorised signature _____



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

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.

Authorised signature _____



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 _____, 20 _____.

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 _____