



BUSINESS ENTITY DISCLOSURE

**FINDING OF SUITABILITY OF AN ENTITY WHICH HAS A DIRECT OR INDIRECT
FINANCIAL INTEREST OF 5% OR MORE IN A BUSINESS WHICH APPLIED FOR A
LIMITED PAYOUT MACHINE SITE LICENCE**

Registered name of business	
Trading name of business	
Date of completion of form	
Name of the LPM site	
Name of the associated LPM operator	
Name of LPM 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 following corporate entities:

a) any legal person holding a direct or indirect financial interest of 5% or greater in the applicant for an LPM site licence (the latter hereinafter define as 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 the Finding of Suitability 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, ROGGEBAAL, 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 is 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**.

Authorised Signature _____

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**.

1. APPLICANT FOR THE FINDING OF SUITABILITY

Registered name	
Registration number	
Trading name	
Principal activities	

Person to be contacted with regard to this application

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

Principal business address of the applicant

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	

Registered office of the applicant

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

Authorised Signature _____

2. Submit a certified true copy of the **Board or similar resolution authorising the appointment of the signatory to sign these application documents.**

3. DOCUMENTATION REQUIRED

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.

4. QUALIFIERS

PLEASE NOTE:

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.

The Board of Directors, executive management, and all personnel of the South African office 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 Applicant.

4.1.1 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

Authorised Signature _____

TOTAL SHAREHOLDING			100%

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

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

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.

4.1.3. List all the directors of the applicant.

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

Authorised Signature _____

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

5. DIAGRAMMATIC REPRESENTATION OF OWNERSHIP

If question 4 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 5**”. 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.

6. 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.

“**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.

Authorised Signature_____

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 6”.

6.1 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		No	
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If yes, provide details below:

6.2 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

Authorised Signature _____

7. 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 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

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

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9. INSURANCE

9.1. 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"/>	<input checked="" 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.

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

Yes	<input type="checkbox"/>	<input checked="" 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 and the claim number.

Authorised Signature _____

9.3. 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.

10. 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.

11. GAMBLING LICENCES

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

Authorised Signature _____

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.

12. 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

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

The following documents must be appended to this application form:

13.1. 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

Authorised Signature _____

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.

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

14. TAX INFORMATION

14.1. 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

14.2. 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 checked="" 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).

Authorised Signature _____

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.

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

Authorised Signature _____

COMMISSIONER OF OATHS

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

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

Authorised Signature _____

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 _____, 20 _____.

For and on behalf of the Applicant:

who warrants his/her authority

Address of the Applicant

Authorised Signature _____

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.

CONFIDENTIAL

Authorised Signature _____