



APPLICATION FOR A GAMBLING EMPLOYEE LICENCE

PERSONAL HISTORY DISCLOSURE

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

Table with 2 columns: Licence type and selection box. Rows include: A NEW Casino Gambling Employee licence, A NEW Manufacturer Gambling Employee licence, A RENEWAL Casino Gambling Employee licence, A RENEWAL Manufacturer Gambling Employee licence.

Details of applicant:

Table with 2 columns: Field name and input area. Rows include: Full name of applicant, Name of Employer, Position applied for, Date of completion of form.

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

Table with 2 columns: FOR OFFICE USE ONLY and REFERENCE NUMBER.

Authorised Signature _____



APPLICATION INSTRUCTIONS

NOTE: This form is to be completed by persons to be employed as gambling employees by the employer specified on the covering page hereof.

1. **Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of 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 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. If there is nothing to disclose about a particular question, write "None" in the space provided. 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 person applying for a gambling employee licence** 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, **including all supporting documentation**, must be submitted to the Board.
7. Each person completing this application form must submit with it a police clearance certificate or the equivalent from his/her country of origin or an original set of fingerprints on form SAP 91A, which is obtainable at any police station, or the equivalent from his/her country of origin.
8. Each foreign national completing this application form must submit with it an income tax clearance certificate or equivalent from his/her country of origin.
9. The original application form must be accompanied with a photograph of the applicant taken **not more than one month** before the submission of this application form.
10. If you need additional space 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.
11. All amounts must be in South African Rands. When converting from a foreign currency to South African Rand or where documents are included which reflect foreign currencies, convert at and quote the current exchange rate with respect to South African Rand.
12. If there is not enough space on the schedules for the financial information, additional information of the applicant, the applicant's spouse, common law spouse or partner, such information must be given on additional pages in the same format as those of the relevant schedules pertaining to this application form.
13. All dates must be in the format: **Day / Month / Year**.

Authorised Signature _____



1. APPLICANT

| | | | | |
|--|------|--|---|--|
| Surname | | | Maiden name <small>(If applicable)</small> | |
| Full names | | | | |
| ID number * | | | | |
| Date of birth | | Place of birth | | |
| Passport number | | Social Security number <small>(if applicable)</small> | | |
| Home address | | | | |
| Suburb | | Town | | |
| Country | | Postal Code | | |
| Telephone number | Home | Office | Cellular phone | |
| | () | () | | |
| Facsimilee number | | | | |
| E-mail address | | | | |
| Other names you have used or by which you have been known by | | | | |
| Details of any legal name changes | | | | |
| Current business address | | | | |
| Suburb | | Town | | |
| Country | | Postal Code | | |

* **Attach certified true copy of all pages of ID document**

2. PHOTOGRAPH

| | | |
|--|---|--|
| <p>Please note:</p> <p>1. Your name and address must be printed on the back of the photograph.</p> <p>2. Photograph must be taken not more than 3 months before submission of this application.</p> <p>3. Do not paste the photograph onto this form. Please use a stapler.</p> | Date of photograph | |
| | The attached photo is a true resemblance of: | |
| | (Name of applicant) | |
| | COMMISIONER OF OATHS | |

Authorised Signature _____



3. CITIZENSHIP

| | Yes | No |
|--|-----|----|
| I am a native-born citizen of the Republic of South Africa | | |
| I am a naturalised citizen of the Republic of South Africa | | |
| I am a foreign national on a visa or work permit | | |
| I am a foreign national with a permanent residence permit | | |

If you are a foreign national, provide the following information:

| | |
|--|--|
| Passport number * | |
| Country of issue | |
| Date of issue | |
| Port or place of entry into the Republic of South Africa | |
| Date of entry | |

** Attach certified true copy of all pages of your passport ensuring that all visa, work permit or permanent residence entries are clearly legible*

4. FAMILY INFORMATION

All applicants must disclose family information in full. Even though a relative may be deceased, give all the information that is requested, including his or her last place of residence and the year of his or her death. If you are co-habiting, engaged or to be married or are contemplating marriage in the near future, give full particulars about this, indicating clearly the nature of the relationship being planned.

MARITAL STATUS OF APPLICANT

| | |
|--|--|
| Married in community of property | |
| Married out of community of property (ante-nuptial contract without accrual) | |
| Married out of community of property (ante-nuptial contract with accrual) | |
| Single | |
| Divorced | |

| | | | | | |
|--------|--|-------------------|--|---------|--|
| Spouse | | Common law spouse | | Partner | |
|--------|--|-------------------|--|---------|--|

Authorised Signature _____



Details of spouse / common law spouse / partner

| | | | |
|---|------|--|----------------|
| Surname | | Maiden name <small>(If applicable)</small> | |
| Full names | | | |
| ID number | | | |
| Date of birth | | Place of birth | |
| Passport number | | Social Security number <small>(if applicable)</small> | |
| Home address | | | |
| Suburb | | Town | |
| Country | | Postal Code | |
| Telephone number | Home | Office | Cellular phone |
| | () | () | |
| Other names used or by which known by | | | |
| Date of marriage / commencement of relationship | | | |
| Current / last employer | | | |
| Address of employer | | | |

CHILD / STEP-CHILD

| | | | |
|---|------|--|----------------|
| Surname | | Maiden name <small>(If applicable)</small> | |
| Full names | | | |
| ID number | | | |
| Date of birth | | Place of birth | |
| Passport number | | Social Security number <small>(if applicable)</small> | |
| Home address | | | |
| Suburb | | Town | |
| Country | | Postal Code | |
| Telephone number | Home | Office | Cellular phone |
| | () | () | |
| Names & registration numbers of all trusts of which child / step-child is a beneficiary: | | | |
| <i>Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question</i> | | | |
| Current / last employer | | | |
| Address of employer | | | |

Authorised Signature _____



CHILD / STEP-CHILD

| | | | | |
|---|------|--|---|--|
| Surname | | | Maiden name <small>(If applicable)</small> | |
| Full names | | | | |
| ID number | | | | |
| Date of birth | | Place of birth | | |
| Passport number | | Social Security number <small>(if applicable)</small> | | |
| Home address | | | | |
| Suburb | | Town | | |
| Country | | Postal Code | | |
| Telephone number | Home | Office | Cellular phone | |
| | () | () | | |
| Names & registration numbers of all trusts of which child / step-child is a beneficiary: | | | | |
| <i>Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question</i> | | | | |
| Current / last employer | | | | |
| Address of employer | | | | |

CHILD / STEP-CHILD

| | | | | |
|---|------|--|---|--|
| Surname | | | Maiden name <small>(If applicable)</small> | |
| Full names | | | | |
| ID number | | | | |
| Date of birth | | Place of birth | | |
| Passport number | | Social Security number <small>(if applicable)</small> | | |
| Home address | | | | |
| Suburb | | Town | | |
| Country | | Postal Code | | |
| Telephone number | Home | Office | Cellular phone | |
| | () | () | | |
| Names & registration numbers of all trusts of which child / step-child is a beneficiary: | | | | |
| <i>Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question</i> | | | | |
| Current / last employer | | | | |

Authorised Signature _____



Address of employer

5. ACADEMIC INFORMATION

5.1. Complete the table below in respect of each high school, trade school, college, technikon, university or any other tertiary institution you have attended.

Table with 4 columns: Date (Yr to Yr), Name and address of academic institution, Last grade / standard / term, Degree or certificate obtained

Attach certified copies of all tertiary qualifications obtained

5.2. Have you ever been suspended or expelled from any tertiary academic institution?

Yes [] No []

If "yes", complete the following table:

Table with 4 columns: Date, Specify whether suspended (and period of suspension) or expelled, Name of academic institution, Reason

6. EMPLOYMENT INFORMATION

Including your present employer, complete the table below in respect of each place where you have been employed. Begin with your present employment and work backwards to the year when you started to work,

Authorised Signature _____



including periods of non-employment. The employment history, with the non-employment periods, should chronologically follow the academic history.

| Date (Yr to Yr) | Name, address, telephone & fax no of employer | Job description & job title | Name of supervisor | Reasons for leaving |
|-----------------|---|-----------------------------|--------------------|---------------------|
| | | | | |
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Attach an employment certificate from your current employer

7. DISCIPLINARY ACTIONS

Have you been subjected to any disciplinary action in connection with your employment during the last five years?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

If yes, provide details

| |
|--|
| |
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| |

8. MOTOR VEHICLE INFORMATION

Complete the following table in respect of all vehicles currently registered in your name or the name(s) of your spouse, common law spouse, partner or the persons residing with you as well as company vehicles driven by yourself or the previously mentioned persons. Include all vehicles (cars, trucks, motor cycles, recreational vehicles), aeroplanes, boats etc.

| Date of purchase | Make | Model and year of manufacture | Registration number | Registered owner |
|------------------|------|-------------------------------|---------------------|------------------|
| | | | | |

Authorised Signature _____



| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |

Attach certified true and legible copies of each vehicle registration certificate

9. DRIVER'S LICENCE INFORMATION

List all driver's licences issued to you by any jurisdiction, which you have held during the last five years.

| Date issued | Licence number | Type of licence | Issuing jurisdiction | Expiry date of licence |
|-------------|----------------|-----------------|----------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Attach certified a true and legible copy of your driver's licence

10. CIVIL PROCEEDINGS

10.1. Have you, your spouse, common law spouse or partner ever been party to a personal lawsuit?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

If yes, provide details in the table below.

| Date | Name of court | Case number | Other parties to lawsuit | Nature of lawsuit | Outcome of lawsuit |
|------|---------------|-------------|--------------------------|-------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

10.2 Have any civil judgments against yourself, spouse or partner ever been abandoned or rescinded?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

If yes, provide details below:

| |
|--|
| |
|--|

Authorised Signature _____



Empty rectangular box for document attachment.

Attach certified a true and legible copy of the rescission order

10.3 Has a civil judgment ever been noted or taken against you in respect of debt or have you ever been listed by any credit bureau or subjected to any type of judicial management such as a garnishee or administration order?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

If yes, provide details below (specify current status of the debt, the balance thereof, and attach a certified copy of any repayment agreements entered into in respect of the debt):

Empty rectangular box for details of debt.

Attach certified a true and legible copy of the garnishing / administration order

11. SUMMONSES and SUBPOENAS

Have you ever been summonsed, subpoenaed, requested or otherwise required to appear or to testify before any municipal, provincial, country or national court, agency, committee, grand jury or investigatory regulatory body, other than in response to a traffic summons where an admission of guilt fine was payable WITHOUT the obligation to appear in Court, or has your spouse, common law spouse, partner or any business entity in which you hold or have held an ownership, interest ever been so summonsed, subpoenaed, requested or otherwise required to appear or to testify?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

If yes, state below the name and address of the court or other agency involved, the case number, if applicable, the nature of the proceedings, whether testimony was given and, if so, the dates on which the testimony was given:

Empty rectangular box for details of summons/proceedings.

12. INVESTIGATIONS

Authorised Signature _____



Have you ever been the subject of an investigation conducted by a government investigative agency or any other agency for any reason or has your spouse or partner or a business entity in which you hold or have held an ownership interest, been the subject of such an investigation during the past ten years?

| | | | | | |
|-----|--|--|--|----|--|
| Yes | | | | No | |
|-----|--|--|--|----|--|

If yes, state below the name and address of the investigative agency, the nature of the investigation, the period of time during which the investigation was in progress and the outcome of the investigation.

| |
|--|
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13. CRIMINAL OFFENCES

Have you ever been arrested for, charged with, or convicted of a criminal offence or has any member of your immediate family (as contemplated in Question 4 of this application) ever been so arrested, charged or convicted? Prior to answering this question, carefully study the definitions provided and the instructions given below. For the purposes of this question:

“Offence” includes all common law and statutory crimes, misdemeanours and felonies, regardless of their classification, and includes criminal cases 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 commission of any offence.

Where the applicant has been charged, as defined above, an answer of “yes” must be given and all the relevant information required by this question provided to the best of your ability, even if –

- the applicant did not commit the offence charged;
- the charge was withdrawn or dismissed;
- the prosecution was abandoned or stopped;
- the applicant was not convicted, or
- the charges or alleged offences to which they related were brought more than ten years ago.

Authorised Signature _____



Also provide complete details in respect of pending court cases, court cases which are currently awaiting trial and the date of the next court appearance.

If the records relating to the charges have been expunged by a court order, answer "no" and attach a copy of the expunction order to this application, labeling it "Attachment to Question 13".

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, complete the table below:

| Date | Name and relationship | Nature of charge or conviction | Name of court | Outcome of case & sentence, if applicable |
|------|-----------------------|--------------------------------|---------------|---|
| | | | | |
| | | | | |
| | | | | |

14. INVOLVEMENT IN CRIMINAL PROCEEDINGS

Have you ever been called as a witness in any criminal proceeding or has any member of your immediate family (as contemplated in Question 4 of this application) ever been involved in such criminal proceedings?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, complete the table below:

| Date | Name and relationship | Name of court | Nature of proceedings and involvement |
|------|-----------------------|---------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Authorised Signature _____



15. DISQUALIFIED PERSONS

15.1 Have you ever held office as a political bearer, been a public servant, been listed on the register of excluded persons, is a family member, other than a brother or sister of any person who is a member or employee of the Board or been subject to an order of a competent court holding you to be mentally unfit or deranged.

Yes [] No []

15.2 Have you ever been removed from an office of trust on account of misconduct relating to fraud or the misappropriation of money, or been convicted during the last 10 years in the Republic or elsewhere, of theft, fraud, forgery or uttering a forged document, perjury, an offence under the Corruption Act, 1992, or an offence in terms of the National Gambling Act or the Western Cape Gambling and Racing Act, as amended

Yes [] No []

16. PARDONS

Have you ever received a pardon or had a record expunged or sealed in respect of any criminal offence or has any member of your immediate family (as contemplated in Question 4 of this application) ever been so pardoned or had a record so expunged or sealed?

Yes [] No []

If yes, complete the table below:

Table with 5 columns: Date, Name, Name & address of Executive authority, Offence for which pardon was received, Reason for pardon

Attach certified true and legible copy of the pardon or expunction order

Authorised Signature _____



17. CRIMINAL CONNECTIONS

Are you related to or connected or acquainted or involved with anyone whom you know to be or have reason to believe, is involved in some kind of illegal or criminal activity?

Yes [] No []

If yes, provide details below:

[]

Please note: The applicant must provide an original police clearance certificate or the equivalent from the country of origin or an original set of fingerprints on form SAP 91A or the equivalent from the country of origin.

18. GAMBLING LICENCES AND ACTIVITIES

18.1. Provide details below of all current or previous held gambling-related licences:

Table with 5 columns: Date of application/investigation, Name & address, tel. & fax of jurisdiction, Type of licence & conditions thereof, where applicable, Status of application or licence (current / expired, etc.), Licence number

18.2. Provide details below of all gambling related licence applications currently pending:

Table with 4 columns: Date of application/investigation, Name & address, tel. & fax of jurisdiction, Type of licence applied for, Anticipated date of decision

Authorised Signature _____



18.3. Provide details below of any business in which you have a financial interest of any kind and which is making application to be licensed or is licensed by the Western Cape Gambling and Racing Board.

Table with 4 columns: Name and address of business entity, Nature of your interest/investment, Amount of your interest/investment, % ownership in the business entity.

18.4. Provide details below in respect of each person or business entity which has provided finance or anything else of value to assist you or your business entity in financing the investment(s) or interest(s) identified in question 17.3

Table with 5 columns: Name & address of person / entity, Relationship with applicant, Nature of finance, Amount of finance, Terms of the advance.

18.5 Will you be actively involved in the management or operation of the above entity/ies currently licensed or to be licensed?

Yes [] No []

If yes, describe the extent and nature of your potential involvement:

Empty text box for describing involvement.

18.6 Do you hold or have you ever held a financial or an ownership interest in any other gambling venture, whether licensed or unlicensed?

Yes [] No []

Authorised Signature _____



If yes, describe below every such interest:

Empty table for describing interests

19. TAX INFORMATION

19.1. Have you filed your income tax returns for the three years directly preceding the date of this application?

Yes No form with 'No' selected

ALL APPLICANTS resident in South Africa must attach certified true and legible copies of their tax assessments for such period as well as a tax clearance certificate. Applicants resident outside of South Africa may file copies of tax returns and assessments for such period OR a tax clearance certificate or the equivalent from the country of origin. A foreign tax return and assessment not in English, must be accompanied by a certified English translation.

Table with columns: Income Tax reference number, Location of Tax Authority

If no, give an explanation below and provide proof of your income for the last three months as well as copies of your salary advice for the past three months as well as a copy of your IRP5 certificate for the previous tax year.

Empty table for explanation

19.2. Have you ever been granted an extension for rendering a tax return?

Yes No form with 'No' selected

If yes, state the reasons for the extension granted in the space below.

Empty table for reasons

Attach certified true and legible copy of the letter of extension

Authorised Signature _____



19.3 Have you ever been delinquent in submitting any tax returns or paying any financial obligations to any tax authority?

Yes No

If yes, state reasons below for not submitting your tax returns or the unpaid amount and the tax authority involved.

Empty text box for reasons

19.4 Have you applied for tax amnesty in the past 2 years?

Yes No

If yes, provide a complete copy of your tax amnesty application submitted to the Tax Amnesty Control Authority, as well as any relevant correspondence confirming the receipt thereof and the outcome of the said application for amnesty.

20. ATTACHMENTS

Have your wages, salary, earnings or other income ever been garnished or attached or any similar action taken during the last five years?

Yes No

If yes, complete the table below:

Table with 5 columns: Date filed, Case number, Name & address of court, Nature & amount of order, Name & address of creditor

Authorised Signature _____



| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

21. BANKRUPTCY/INSOLVENCY

Have you ever been declared legally insolvent, bankrupt, an unrehabilitated insolvent, prodigal or have you ever filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency Act?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

If yes, complete the table below and provide a certified true and legible copy of the court order.

| Date filed | Case number | Name of court | Name & address of filing party | Name, address & tel. no of trustee |
|------------|-------------|---------------|--------------------------------|------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If rehabilitated, provide details and a certified true and legible copy of the rehabilitation order.

22. BANK ACCOUNTS

22.1 Provide details below of all the bank accounts (current, credit card, bond, savings, call, local or foreign investments or any similar account) currently held by you, your spouse, common law spouse or partner.

| Date acquired | Name of Financial Institution | Name of account holder | Account number |
|---------------|-------------------------------|------------------------|----------------|
| | | | |

Authorised Signature _____



| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Provide copies of the statements of every bank account listed above for the past three months.

21.2 Provide details below of all the bank accounts (current, credit card, bond, savings, call, local or foreign investments or any similar account) closed by you, your spouse, common law spouse or partner in the past 2 years.

| Date closed | Name of Financial Institution | Name of account holder | Account number | Detailed reasons for closing the account |
|-------------|-------------------------------|------------------------|----------------|--|
| | | | | |
| | | | | |
| | | | | |

Authorised Signature _____



AFFIDAVIT

I, _____

(Full names)

hereby:

- (a) declare that I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the Western Cape Gambling and Racing Act, 1996 (Act 4 of 1996), as amended, and the Western Cape Gambling and Racing Regulations, 1997, as amended;
(b) declare that I am the person identified in this form;
(c) declare that I have personally completed this form and have supplied all the information indicated herein; and
(d) certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

Signed at _____ on this _____ day of _____ 20 _____ .

[Signature box]

Signature – Applicant

[Large empty box for Commissioner of Oaths]

To be signed and certified as true and correct in the presence of a Commissioner of Oaths

Authorised Signature _____



AUTHORISATION

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

Table with 4 columns: Full names, Surname, Street address, Date of birth, Telephone no, ID number, Passport number.

Signature – Applicant

I 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, employee’s tax records and all other entities in which I have a financial or personal interest, or legal or personal information derived from those reports or any other report which has any bearing on my 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, bank statements and credit card statements pertaining to me;
(c) any records relating to any investigations into my activities 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 I am or was a party;
(e) any current and past employment records or correspondence relating to me and
(f) any other document, record or correspondence pertaining to me.

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 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.

To be signed in the presence of and certified by a Commissioner of Oaths

Authorised Signature _____



ACCESS TO TAX RECORDS

I, _____

(Full names)

the undersigned, am aware that the confidentiality of income tax returns is protected by Act. I therefore undertake, 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 my tax returns, 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_____ .

Signature – Applicant

To be signed and certified as true and correct in the presence of a Commissioner of Oaths

Authorised Signature _____



COMPLIANCE WITH LICENCE CONDITIONS

(ONLY TO BE COMPLETED IN THE CASE OF A RENEWAL APPLICATION)

Is your licence subject to any conditions?

| | | | | | |
|-----|--|--|--|----|--|
| Yes | | | | No | |
|-----|--|--|--|----|--|

If yes, attach hereto the necessary proof of compliance with all conditions of your licence.

Declaration

I, _____, herby declare that:
(Full names)

- a) I have scrutinised and have full knowledge of my current licence conditions;
- b) I know and understand the contents of the above declarations;
- c) I have no objection to taking the prescribed oath; and
- d) I consider the prescribed oath to be binding on my conscience.

| | |
|------------------------------|-----------------------------|
| | |
| SIGNATURE – APPLICANT | |
| | |
| DATE | COMMISIONER OF OATHS |

Authorised Signature _____