



## APPLICATION FOR A TEMPORARY LICENCE

**PART ONE: PERSONAL INFORMATION to be completed by Applicant**

Surname				Type of Licence	
Full Names				Key Employee	Gambling Employee
Date of Birth				<p align="center"><b>Please Note</b></p> <p>Attach a colour photograph here by stapling it to the form. Print name of Applicant and date photograph was taken on reverse of photograph</p>	
ID Number					
Home Address					
Name of Employer					
Date of Employment					
Have you ever been arrested, indicted for, charged with or convicted of a criminal offence in the Western Cape or any other jurisdiction?	Yes	No			

**PART TWO: BUSINESS ADDRESS WHERE APPLICANT WILL BE EMPLOYED to be completed by Employer**

Address				
Contact Person	Telephone number	Facsimile number	Cellular number	Email Address
Provide a description of the duties that the Applicant will perform				
Provide detailed reasons, if applicable, should the operations of the business be seriously prejudiced by a delay in appointing the Applicant or by the interruption of the Applicant's employment.				
Are you aware of any disqualifications in terms of Section 29 of the Act with regard to the Applicant?	Yes	No	If Yes, provide complete details:	
Will the Applicant apply for a permanent licence?	Yes	No	If No, provide complete details:	
If Yes, submit a new licence application fee with this form in terms of Section 32 of the Act.				

**PART THREE: I (THE APPLICANT) HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

EMPLOYER SIGNATURE		APPLICANT SIGNATURE	
DATE		DATE	
WITNESS SIGNATURE		WITNESS SIGNATURE	

FOR OFFICE USE ONLY			
GAMS ID No	CHIEF EXECUTIVE OFFICER		
Application No	APPROVED	NOT APPROVED	
SIGNATURE - CEO			