



**APPLICATION FOR A KEY EMPLOYEE LICENCE**

**PERSONAL HISTORY DISCLOSURE**

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

<b>A NEW LPM Key Employee licence</b>	<input type="checkbox"/>
<b>A RENEWAL LPM Key Employee licence</b>	<input type="checkbox"/>

*Details of applicant:*

<b>Full name of applicant</b>	
<b>Name of LPM Route operator associated with</b>	
<b>Name of registered business applying for an LPM site licence</b>	
<b>Trading name of business</b>	
<b>Date of completion of form</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**

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

**APPLICATION INSTRUCTIONS**

**Authorised Signature** \_\_\_\_\_

**NOTE: This form is to be completed by persons to be employed as key 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 key 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 as at the **date of the Statement of Assets and Liabilities**.
12. If there is not enough space on the schedules for the financial information, additional information of the applicant, the applicant's spouse, common Act 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**.

## 1. APPLICANT

**Authorised Signature** \_\_\_\_\_

Surname		Maiden name (If applicable)	
Full names			
ID number *			
Date of birth		Place of birth	
Passport number		Social Security number (if applicable)	
Home address			
Suburb		Town	
Country		Postal Code	
Telephone number	Home	Office	Cellular phone
	( )	( )	
Facsimile 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><b>Please note:</b></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)	
		<b>COMMISSIONER OF OATHS</b>

## 3. CITIZENSHIP

Authorised Signature \_\_\_\_\_

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

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

<b>Married in community of property *</b>	
<b>Married out of community of property (ante-nuptial contract without accrual)</b>	
<b>Married out of community of property (ante-nuptial contract with accrual)</b>	
<b>Single</b>	
<b>Divorced</b>	

*\* If married in community of property to an applicant who will have or has any financial interest in an applicant entity of 5% or more which applies for a key employee licence or has a key employee licence, the spouse of such applicant must complete an affidavit as per form LA 18.*

Spouse		Common Act spouse		Partner	
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Details of spouse / common Act spouse / partner

Authorised Signature \_\_\_\_\_

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			

**CHILD / STEP-CHILD**

Authorised Signature \_\_\_\_\_

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			
Address of employer			

### 5. ACADEMIC INFORMATION

Authorised Signature \_\_\_\_\_

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.

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
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If “yes”, complete the following table:

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, 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

Authorised Signature \_\_\_\_\_


*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				No
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If yes, provide details


**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 Act 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

*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.

**Authorised Signature** \_\_\_\_\_



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 Act spouse or partner ever been party to a personal Lawsuit?

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


*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?

**Authorised Signature** \_\_\_\_\_

Yes			No	
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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):


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

**11. PARTY TO ANTICIPATED LAWSUITS**

Do you anticipate being a party to a Lawsuit or does your spouse, common Act spouse, partner or any business entity in which your hold or have held an ownership interest or served as an officer or director anticipate being a party to a Lawsuit?

Yes			No	
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If yes, provide details below:


**12. PREVIOUS LAWSUITS**

Have you, your spouse, common Act spouse or partner ever been named personally in any Lawsuit, involving any business, while serving in the capacity of director, member, officer or manager?

Yes			No	
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If yes, provide details below:


**Authorised Signature** \_\_\_\_\_

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**13. 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 Act 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 type="checkbox"/>
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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:


**14. INVESTIGATIONS**

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


**15. PRIVATE BUSINESS RELATIONSHIPS**

List all private business relationships with which you, your spouse, common Act spouse or partner is/are involved below:

**Authorised Signature** \_\_\_\_\_

Dates (Yr to Yr)	Name of own party involved	Name of other party involved	Nature of business relationship

**16. 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 Act 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.

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 16**”.

<b>Yes</b>		<b>No</b>	
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**Authorised Signature** \_\_\_\_\_

If yes, complete the table below:

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

### 17. 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 checked="" type="checkbox"/>
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If yes, complete the table below:

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

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

Date	Name	Name & address of Executive authority	Offence for which pardon was received	Reason for pardon

Authorised Signature \_\_\_\_\_


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

**19. 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	
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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.*

**20. INSURANCE**

**20.1.** Have you ever sustained either a personal or business loss in respect of which an insurance payment of more than R100 000 or US\$60 000 or the equivalent thereof was paid to you?

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.


**20.2** Have you ever owned property or a business which was damaged or destroyed by fire?

Yes			No	
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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 reference.


**20.3.** Have you ever ceded an insurance policy?

Yes			No	
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If yes, provide details below, including the policy number, to whom ceded and for what reason.


**21. GAMBLING LICENCES AND ACTIVITIES**

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

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

**21.2** Provide details below of all gambling related licence applications **currently pending**:

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

Authorised Signature \_\_\_\_\_


**21.3.** 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.

<b>Name and address of business entity</b>	<b>Nature of your interest/investment</b>	<b>Amount of your interest/investment</b>	<b>% ownership in the business entity</b>

**21.4.** 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 21.3

<b>Name &amp; address of person / entity</b>	<b>Relationship with applicant</b>	<b>Nature of finance</b>	<b>Amount of finance</b>	<b>Terms of the advance</b>

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

<b>Yes</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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**Authorised Signature** \_\_\_\_\_



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


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

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, describe below every such interest:


## 22. TAX INFORMATION

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

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

**PLEASE NOTE:**

**Any person with a 5% or more direct or indirect financial interest in the applicant/licence holder, director, member, owner, sole proprietor, partner or trustee must also provide a complete copy, together with all supporting documentation, of his/her last tax return submitted to the SARS.**

Income Tax reference number		Location of Tax Authority	
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Authorised Signature \_\_\_\_\_

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.


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

Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, state the reasons for the extension granted in the space below.


*Attach certified true and legible copy of the letter of extension*

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

Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, state reasons below for not submitting your tax returns or the unpaid amount and the tax authority involved.


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

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

**Authorised Signature** \_\_\_\_\_

**23. 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	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, complete the table below:

Date filed	Case number	Name & address of court	Nature & amount of order	Name & address of creditor

**24. 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 type="checkbox"/>
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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.*

**25. FAILED BUSINESSES**

Provide details below of any failed or abandoned businesses in respect of which you were the owner or the controlling shareholder or where you had a financial interest of more than 25%.

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Authorised Signature \_\_\_\_\_


**26. DISQUALIFIED PERSONS**

**26.1** Have you or your spouse, common Act spouse or partner 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	
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**26.2** Have you or your spouse, common Act spouse or partner 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	
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**27. DIRECTORSHIPS**

List all directorships currently or previously held

Date (Yr to Yr)	Name of company	Registered address of company	Income tax reference no of co.	Type of director- ship held

**28. FOREIGN ASSETS AND TRUSTS**

**28.1** Do you own, control, hold, manage, possess or have any vested interest in any assets or liabilities outside your country of residence?

Yes			No	
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**Authorised Signature** \_\_\_\_\_

If yes, provide details below as well as in the schedules provided with the Statement of Assets and Liabilities (Question 31).


**28.2** Are you a donor, trustee, beneficiary or do you have any vested interest in any existing foreign trust or foreign trust to be created?

Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide a copy of the following:

- ❖ Trust Deed;
- ❖ Financial statements for the last three financial years; and
- ❖ Bank statements of each account for the past three months.

**29. LOCAL ASSETS AND TRUST**

**29.1** Do you own, control, hold, manage, possess or have any vested interest in any local assets or liabilities?

Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details below as well as in the schedules provided with the Statement of Assets and Liabilities (Question 31).


**29.2** Are you a donor, trustee, beneficiary or do you have any vested interest in any existing trust or trust to be created locally?

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

If yes, provide a copy of the following:

- ❖ Trust Deed;
- ❖ Financial statements for the last three financial years; and
- ❖ Bank statements of each account for the past three months.

**30. BANK ACCOUNTS**

**30.1** 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 Act spouse or partner.

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

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

**30.2** 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 Act 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 \_\_\_\_\_


### 31. MONTHLY INCOME & EXPENDITURE STATEMENT

Provide details below of your **monthly** income and expenditure based on the average for the **three** months preceding the date of this application. All amounts must be in **South African Rand**. Where applicable, indicate the applicable **exchange rate and date** of conversion to South African Rand. Spouse will include common Act spouse and partner.

INCOME	APPLICANT	SPOUSE	TOTAL
Salary (net) / Drawings			
Fees (Directors / consultancy)			
Rental received			
Interest			
Dividends			
Repayments of loans			
Other income (specify)			
<b>TOTAL INCOME (A)</b>			

EXPENDITURE	APPLICANT	SPOUSE	TOTAL
Alimony / maintenance			
Bond repayment/rental of house			
Clothes			
Credit card accounts			
Electricity & water			
Entertainment			
Food and liquor			
Insurance premiums / savings			
Maintenance of property			
Medical expenses paid self			
Motor vehicle running expenses			
Repayment of borrowings			
Telephone			
Travelling			

**Authorised Signature** \_\_\_\_\_

Vehicle finance / installments			
Other expenses (specify)			
<b>TOTAL EXPENDITURE (B)</b>			
<b>NET INCOME / (DEFICIT) (A - B)</b>			

### 32. STATEMENT OF ASSETS AND LIABILITIES

List the values of all assets, both tangible and intangible, in the appropriate spaces below. Enter only Rand amounts as on the date of this statement. The statement date must be as recent as possible, but within the directly preceding **three** months of the date of this application. Spouse will include common Act spouse and partner.

**Each listed asset must be described fully in the appropriate attached schedule. Provide either current actual values or current market values as appropriate.**

**ALL AMOUNTS MUST BE IN SOUTH AFRICAN RANDS.**

**INDICATE THE APPLICABLE EXCHANGE RATE AND DATE WHEN FOREIGN CURRENCIES ARE CONVERTED TO SOUTH AFRICAN RAND.**

#### 32.1 ASSETS

<b>DATE OF STATEMENT</b>	
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<b>Assets</b>	<b>Schedule</b>	<b>Applicant</b>	<b>Spouse + minor children</b>
Accounts/monies receivable/tax overpaid	<b>A</b>		
Bank accounts	<b>B</b>		
Cash on hand (on person, in safe etc.)			
Credit card accounts in credit	<b>C</b>		
Household & personal effects	<b>D</b>		
Listed investments (shares & bonds)	<b>E</b>		
Non-listed investments	<b>F</b>		
Property	<b>G</b>		
Surrender value of insurance policies	<b>H</b>		
Unit trusts	<b>I</b>		
Vehicles, planes, boats etc	<b>J</b>		
<b>TOTAL ASSETS (A)</b>			

**Authorised Signature** \_\_\_\_\_



### 32.2. LIABILITIES

Liabilities	Schedule	Applicant	Spouse + minor children
Bank overdraft outstanding	<b>B</b>		
Bonds/mortgages payable	<b>K</b>		
Debit credit card accounts	<b>C</b>		
Hire purchase accounts payable	<b>L</b>		
Loans payable (secured or unsecured)	<b>M</b>		
Other liabilities payable (specify)	<b>N</b>		
Tax payable (as per your assessment)			
<b>TOTAL LIABILITIES (B)</b>			

<b>NET WORTH (A – B)</b>		
--------------------------	--	--

### 33. OFF-BALANCE SHEET ASSETS

List all assets, except fixed property, used but not owned by you, your spouse, common Act spouse or partner below eg vehicles, planes, boats etc as well as the market value of these assets.

Off-balance sheet assets	Schedule	Applicant	Spouse
	<b>O</b>		
	<b>O</b>		
	<b>O</b>		
	<b>O</b>		
	<b>O</b>		

### 34. CONTINGENT LIABILITIES

List all contingent liabilities (eg. guarantees given) as well as the amounts involved.

Contingent liabilities	Schedule	Applicant	Spouse
	<b>P</b>		
	<b>P</b>		
	<b>P</b>		

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	<b>P</b>		
	<b>P</b>		

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**SCHEDULE A**

**ACCOUNTS / MONIES RECEIVABLE / TAX OVERPAID**

Name & address of debtor	Date incurred	Original amount	Unpaid balance	Payment period	Monthly repayments	Maturity date	Origin of debtor account	Collateral held for debt
<b>APPLICANT</b>								
<b>SPOUSE + MINOR CHILDREN</b>								

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**SCHEDULE B**  
**BANK ACCOUNTS**

Name & address of financial institution	Name(s) of person(s) appearing on account	Account no	Type of account	Date opened	Interest rate (%)	Interest received	Interest paid	Credit balance*	Debit balance*
<b>APPLICANT</b>									
<b>SPOUSE + MINOR CHILDREN</b>									

\* REFLECT EITHER A CREDIT OR A DEBIT BALANCE AS AT THE DATE OF THE APPLICATION.

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**SCHEDULE C**  
**CREDIT CARD ACCOUNTS**

Name of credit card (VISA etc)	Name of financial institution	Name appearing on card	Account number	Expiry date	Type of card (credit, petrol)	Credit balance*	Debit balance*
<b>APPLICANT</b>							
<b>SPOUSE + MINOR CHILDREN</b>							

\* REFLECT EITHER A CREDIT OR A DEBIT BALANCE AS AT THE DATE OF THE APPLICATION.

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**SCHEDULE D**  
**PERSONAL AND HOUSEHOLD EFFECTS**

Other assets	Purchase price	Date of purchase	Current market value (not insurance values)	Other information pertaining to these assets
<b>APPLICANT</b>				
<b>SPOUSE + MINOR CHILDREN</b>				

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**SCHEDULE E**

**LISTED INVESTMENTS (SHARES AND BONDS/STOCKS)**

Name of issuer	Type	No of shares or bonds/stocks	Purchase price of each	Date of purchase	Name in which registered	Current market value
<b>APPLICANT</b>						
<b>SPOUSE + MINOR CHILDREN</b>						

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**SCHEDULE F**  
**NON – LISTED INVESTMENTS**

Name of entity	Type (co., cc, partners etc)	No of owner-ship units	Percentage ownership	Purchase price	Date of purchase	Name in which registered	Persons / entity sharing ownership	Current market value
<b>APPLICANT</b>								
<b>SPOUSE + MINOR CHILDREN</b>								

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**SCHEDULE G**  
**PROPERTY**

Street address	Erf no or title deed	Purchase price + improvement cost	Date of purchase	Name(s) of registered owner(s)	Percentage ownership each	Current market value	If let, state monthly income
<b>APPLICANT</b>							
<b>SPOUSE + MINOR CHILDREN</b>							

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**SCHEDULE H**  
**INSURANCE POLICIES**

Name of policy holder	No of insurance policy	Type of policy (life, annuity etc)	Insurance company	Beneficiary (ies) of policy	Estimated maturity value	Current value of policy	Loan/surrender value of policy
<b>APPLICANT</b>							
<b>SPOUSE + MINOR CHILDREN</b>							

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**SCHEDULE I  
UNIT TRUSTS**

Name of unit trust	Type of unit trust	Account number	Name of the management co.	Name of linked product co. if involved	No of units held	Original purchase price	Current selling price
<b>APPLICANT</b>							
<b>SPOUSE + MINOR CHILDREN</b>							

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**SCHEDULE J**

**MOTOR VEHICLES, MOTOR CYCLES, AEROPLANES, MOTOR BOATS, YACHTS ETC**

Details of above assets	Registration or identification no	Details of seller	Date of purchase	Purchase price	Method of financing	If not cash, amount outstanding	Current market value
<b>APPLICANT</b>							
<b>SPOUSE + MINOR CHILDREN</b>							

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**SCHEDULE K**  
**BONDS/MORTGAGES PAYABLE**

Name & address of bondholder	Identification of property involved	Date incurred	Original amount	Current interest rate	Monthly repayments	Unpaid balance	Maturity date	Any other collateral provided
<b>APPLICANT</b>								
<b>SPOUSE + MINOR CHILDREN</b>								

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**SCHEDULE L**  
**HIRE PURCHASE ACCOUNTS PAYABLE**

Name & address of HP creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Description of asset acquired with HP	Other collateral provided for HP
<b>APPLICANT</b>								
<b>SPOUSE + MINOR CHILDREN</b>								

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**SCHEDULE M**  
**LOANS PAYABLE (SECURED & UNSECURED)**

Name & address of creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Reason(s) for borrowings	Collateral provided for loan (s)
<b>APPLICANT</b>								
<b>SPOUSE + MINOR CHILDREN</b>								

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**SCHEDULE N**  
**OTHER LIABILITIES PAYABLE**

Name & address of creditor	Date incurred	Original amount	Interest rate	Amount outstanding	Maturity date	Monthly repayments	Reason(s) for incurring these liabilities	Collateral (if any) provided for liabilities
<b>APPLICANT</b>								
<b>SPOUSE + MINOR CHILDREN</b>								

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**SCHEDULE O**  
**OFF-BALANCE SHEET ASSETS**

Details of off-balance sheet assets	Registration or identification no	Details of rental or leasing co.	Date of agreement	Expiry date	Interest rate	Monthly rental /lease payments	Options at the end of the period
<b>APPLICANT</b>							
<b>SPOUSE + MINOR CHILDREN</b>							

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**SCHEDULE P**  
**CONTINGENT LIABILITIES**

Name & address of creditor	Date incurred	Description of principal debt	Original debt	Unpaid ba- lance of debt	Maturity date	Monthly payments	Reason for providing security	Other collateral	Other persons liable
<b>APPLICANT</b>									
<b>SPOUSE + MINOR CHILDREN</b>									

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**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 – Applicant

<b>To be signed and certified as true and correct in the presence of a Commissioner of Oaths</b>

**Authorised Signature** \_\_\_\_\_



**AUTHORISATION**

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

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

<b>To be signed and certified as true and correct in the presence of a Commissioner of Oaths</b>

**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	
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**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.

<b>SIGNATURE – APPLICANT</b>	
<b>DATE</b>	

Authorised Signature \_\_\_\_\_