



**APPLICATION FOR A FINDING OF SUITABILITY:**

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

<b>Finding of suitability in respect of the origin of a gambling device to be supplied to a manufacturer for distribution in the Western Cape (COMPLETE PART A &amp; B)</b>	<input type="checkbox"/>
<b>Approval of a gambling-related contract with a casino operator licensed in the Western Cape (COMPLETE PART A &amp; C)</b>	<input type="checkbox"/>

<b>Registered name of business</b>	
<b>Trading name of business</b>	
<b>Date of completion of form</b>	
<b>Manufacturer to whom the gambling device(s) will be supplied to</b>	
<b>Casino operator(s) with whom gambling-related contract(s) will be concluded</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>

**Authorised signature** \_\_\_\_\_

## APPLICATION INSTRUCTIONS

### NOTE

“Applicant” refers to the entity or person applying for a finding of suitability in terms of section 58 or 59 of the Western Cape Gambling and Racing Act (“Act”) and regulation 64 of the Western Cape Gambling and Racing Regulations (“Regulations”).

**PART A & B: TO BE COMPLETED BY APPLICANTS APPLYING FOR A FINDING OF SUITABILITY OF THE ORIGIN OF A GAMBLING DEVICE IN TERMS OF SECTION 58 AND REGULATION 64.**

**PART A & C: TO BE COMPLETED BY APPLICANTS WHO ARE ENTERING INTO A GAMBLING-RELATED CONTRACT WITH A CASINO OPERATOR IN TERMS OF SECTION 59 OF THE ACT**

### INSTRUCTIONS

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 must be typed, except signatures, or **neatly printed in black ink**. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. **This application form must be completed by the authorised person of the business entity that applies for a finding of suitability** 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.

Authorised signature \_\_\_\_\_

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. The Board must immediately be notified in writing if any details of the applicant, which are reflected in this application form, changes throughout the year.
9. All dates must be in the format: **Day / Month / Year**.
10. Financial statements must be translated into **English** if drafted in another language.

**Where a finding of suitability has been granted to the applicant by the Western Cape Gambling and Racing Board during the 12 months preceding the date of this application or the manufacturer and casino operator to whom the product or service is supplied will remain the same for the next 12 months, the form should be completed as follows:**

- **Where specific periods are indicated, documentation and information superseding that submitted with the previous application form should be furnished.**
- **If there are no changes to the information stated on the last application form, the words “No Change” may be used.**

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## **PART A**

### **1. DETAILS OF APPLICANT**

<b>Registered name</b>	
<b>Registration number</b>	
<b>Trading name</b>	
<b>Principal activities</b>	

#### **Person to be contacted with regard to this application**

<b>Name</b>		<b>Title</b>	
<b>Telephone no</b>		<b>Fax no</b>	
<b>E-mail address</b>		<b>Cell phone no</b>	

#### **Principal business address of the applicant**

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

<b>Mailing address</b>			
<b>City/Town</b>		<b>Province/State</b>	
<b>Postal code</b>		<b>Country</b>	

#### **Registered office of the applicant**

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

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## 2. DESCRIPTION OF THE TYPE OF ENTITY

Indicate what type of legal entity the applicant is:

Limited liability company	<input type="checkbox"/>
Public unlisted company	<input type="checkbox"/>
Public listed company	<input type="checkbox"/>
Foreign company registered as an external company in South Africa	<input type="checkbox"/>
Close corporation	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Section 21 company	<input type="checkbox"/>
Trust	<input type="checkbox"/>
Corporation	<input type="checkbox"/>

## 3. DESCRIPTION OF BUSINESS

Furnish a brief overview of the business and the history of the applicant (from incorporation to present) in particular its involvement in the gambling industry, structural changes since incorporation, its product line(s) and the history thereof, market achievements etc.

## 4. ORGANOGRAM OF THE APPLICANT

Attach a **diagrammatic flowchart** as an attachment labelled “ANNEXURE TO QUESTION 4” which illustrates fully the shareholding in the applicant and its subsidiaries, indicating the respective shareholding percentages. If applicable, indicate in a footnote if the ultimate holding company of the applicant is a publicly trading company.

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**5. SHAREHOLDER DETAILS**

**5.1.1 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
<b>TOTAL SHAREHOLDING</b>			<b>100%</b>

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

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

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

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

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**5.1.3.** List all the directors, members, partners or trustees of the applicant.

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

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

**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.

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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

## 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 checked="" 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 legislation filed by or against it during the ten years preceding the date of this application?

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

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

Yes			No	
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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			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, 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?

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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.

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

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

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## 10. EXISTING LITIGATION

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

Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, on a separate pages under the heading “ANNEXURE TO QUESTION 10”, 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

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

Name, address, tel. no. of jurisdiction which issued the licence	Date of licence granted	Outcome of application incl. specific conditions	Type of licence	Licence number & expiry date	Indicate current / pending

\* Provide copies of all licences granted as well as the conditions attached to each licence.

## 12. NON-GAMBLING LICENCES

Has the applicant ever made application to a licensing agency, other than a gambling authority, for a licence, permit, certificate of qualification or similar authorisation to conduct any type of activity, e.g. the sale or distribution of liquor?

Yes		No	
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If yes, complete the table below.

Date of application	Name & address of licensing authority	Type of licence, specifying nature of activity	Outcome of application	Licence/other number & expiry date

## 13. LICENCES DENIED, SUSPENDED OR REVOKED

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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

#### 14. FINANCIAL STATEMENTS

Attach a copy of the latest audited financial statements of the applicant **in English**. If the applicant has been dormant or has been newly acquired or formed, audited statements are still required to satisfy the investigative authority that the applicant has no material liabilities or contingent liabilities.

#### 15. TAX INFORMATION

15.1. Complete the tax details in respect of the applicant requested below:

<b>Income tax reference no</b>		<b>Tax authority location</b>	
<b>VAT reference no</b>		<b>RSC reference no</b>	
<b>PAYE reference no</b>		<b>UIF reference no</b>	
<b>WCA reference no</b>		<b>SDL reference no</b>	

*\*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*

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

Authorised signature \_\_\_\_\_

Yes	<input type="checkbox"/>	<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).**

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**The following documentation must also be attached if the Tax Authority is in South Africa:**

- Copies of the VAT returns submitted to the South African Revenue Services for the 12 months preceding the date of this application.
- A current PAYE statement of account for the applicant.
- A current RSC statement of account for the applicant.
- A current UIF statement of account for the applicant.
- A current WCA statement of account for the applicant.
- A current SDL statement of account for the applicant.

**Authorised signature** \_\_\_\_\_

**PART B**

**TO BE COMPLETED BY APPLICANTS APPLYING FOR FINDING OF SUITABILITY OF THE ORIGIN OF A GAMBLING DEVICE SUPPLIED TO A MANUFACTURER FOR DISTRIBUTION IN THE WESTERN CAPE IN TERMS OF SECTION 58 OF THE ACT AND REGULATION 64.**

**16. GAMBLING DEVICES SUPPLIED OR SERVICES RENDERED TO THE GAMBLING INDUSTRY**

**16.1** List below all the manufacturers and casino operators in South Africa with whom the applicant concluded business transactions during the 12 months preceding the date of this application.

<b>Date(s) of transactions concluded with South African manufacturers and casino operators</b>	<b>Name of manufacturer and casino operator in South Africa</b>	<b>Type of gaming device or services supplied (e.g. slot machines, cards, dice, tokens, roulette wheels, shufflers etc.)</b>

**16.2** Advise whether any of the gambling devices supplied to manufacturers or casino operators in South Africa during the past 12 months were misplaced/stolen in transit while under the control of the applicant and if so, furnish full details of each incident.

**16.3** Furnish the route and the manner in which the gambling devices will be transported, the safety and security measures set in place for the transport and the storage of the devices from the applicant to the licensed manufacturer.

**16.4** Attach a copy of the distribution/sale/suppliers contract concluded between the applicant and the licensed manufacturer, for the sale/distribution of these devices in the Western Cape.

**Authorised signature** \_\_\_\_\_



**PART C**

**TO BE COMPLETED BY APPLICANTS WHO ARE ENTERING INTO A GAMBLING-RELATED CONTRACT WITH A CASINO OPERATOR IN TERMS OF SECTION 59 OF THE ACT.**

**17.** Attach a list of all the casino operators in South Africa with whom business transactions were concluded (in respect of the rendering of services/supplying products to) during the 12 months preceding the date of this application.

<b>Date(s) of transactions concluded with South African manufacturers and casino operators</b>	<b>Name of casino operator in South Africa</b>	<b>Type of service rendered/product supplied</b>

**17.1** Provide a detailed synopsis of the work/product anticipated to be rendered to the casino operator in the Western Cape, with reference to:

- The nature of the product/service to be rendered to the casino operator;
- Whether the service or product supplied would require personnel to work in the gambling or gaming-related areas of the casino. If affirmative, attach a diagrammatic chart reflecting the employment structure and the anticipated job description for each of these employees who will be employed in the casino; and
- Safety and security measures set in place for gambling-related products from the manufacturing stage until delivery to the casino operator.

**17.2** Provide a copy of the contract concluded between the applicant and the casino operator, licensed in the Western Cape.

**Authorised signature** \_\_\_\_\_

**18. CHECKLIST OF DOCUMENTS TO BE PROVIDED**

**Provide certified true and legible copies (if applicable translated into English), of the following documents, where applicable:**

		<b><u>Provided</u></b>	
		<b><u>YES</u></b>	<b><u>NO</u></b>
<b>1.</b>	Synopsis of business history of applicant as per paragraph 3		
<b>2.</b>	Organogram as per paragraph 4		
<b>3.</b>	Litigation (current and settled) as per paragraph 10		
<b>4.</b>	Gambling licences and finding of suitability certificates as per paragraph 11		
<b>5.</b>	Financial statements as per paragraph 12		
<b>6.</b>	Income tax certificates as per paragraph 13		
<b>7.</b>	VAT certificates as per paragraph 13		
<b>8.</b>	PAYE statement of account as per paragraph 13		
<b>9.</b>	Documentation and copies of contracts as per paragraph 14 &15		
<b>10.</b>	UIF documentation		
<b>11.</b>	RSC documentation		
<b>12.</b>	WCA documentation		
<b>13.</b>	Gambling-related contract		

**Authorised signature** \_\_\_\_\_

## AFFIDAVIT

I, \_\_\_\_\_ (full name), do hereby make oath and say that:

1. I am duly authorised to make this declaration on behalf of \_\_\_\_\_  
(name of entity represented).
2. I am aware that the Board may refuse a licence to any applicant that supplies information to the Board which is untrue or misleading as to a material fact pertaining to the qualification criteria.
3. The particulars contained herein are to the best of my knowledge and belief true and correct in every detail and I have fully disclosed the information required in completing this form.

Signature of Deponent	Date

I certify that:

The Deponent has acknowledged that:

1. He/she knows and understands the contents of this declaration;
2. He/she has no objection to taking the prescribed oath, and
3. He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn / affirmed \* before me at \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\* Delete which is not applicable

COMMISSIONER OF OATHS
<b>COMMISSIONER OF OATHS</b>

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

**Authorised signature** \_\_\_\_\_

**AUTHORISATION FOR EXAMINATION AND RELEASE OF INFORMATION**

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

FROM: \_\_\_\_\_ (full name and surname)

\_\_\_\_\_ (address)

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone \_\_\_\_\_ / \_\_\_\_\_

I D no \_\_\_\_\_ Passport no \_\_\_\_\_

I, being the duly authorised representative of \_\_\_\_\_ (“the Applicant”),  
 HEREBY AUTHORISE the Chief Executive Officer of the Western Cape Gambling and Racing Board or any person authorised by an original letter of authority, signed by the Chief Executive Officer (“an authorised delegate”), to have access to, in order to inspect and to obtain copies of:

- (a) any credit report, financial report, tax report, value added tax report or other report of all entities in which the Applicant has a financial or personal interest, or legal or personal information derived from those reports or any other report which has any bearing on the Applicant’s creditworthiness, credit history, credit standing or credit capacity;
- (b) any loan information, cheque account records, saving deposit records, safety deposit box records, savings book records and bank statements pertaining to the Applicant;
- (c) any records relating to any investigations into the activities of the Applicant conducted by any police force, crime investigation agencies, corporate regulatory agencies or any gambling or casino regulatory bodies;
- (d) any court records relating to any present, past or pending civil or criminal court proceedings to which the Applicant is or was a party;
- (e) any current and past employment records or correspondence relating to the Applicant, and
- (f) any other document, record or correspondence pertaining to the Applicant.

\_\_\_\_\_  
 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 \_\_\_\_\_, \_\_\_\_\_

For and on behalf of the Applicant:

\_\_\_\_\_  
who warrants his/her authority

\_\_\_\_\_  
Address of the Applicant

Signature-Witness 1	Witness 1 Print name	Signature-Witness 2	Witness 2 Print name

Place : \_\_\_\_\_

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

**Authorised signature** \_\_\_\_\_