

## PERSONAL HISTORY DISCLOSURE FORM FOR A NATURAL PERSON

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

A Key employee licence

Finding of suitability as a direct shareholder\* in  
a bookmaker operator/manufacturer

Finding of suitability as an indirect shareholder\* in  
a bookmaker operator/manufacturer

\*A direct/ indirect shareholder with a 5% or more financial interest in the applicant

Registered name of business: \_\_\_\_\_

Trading name of business: \_\_\_\_\_

Date of completion of form: \_\_\_\_\_

Full name of applicant	
Name of the employer	
Progress ID no. of applicant	
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

Website: www.wcgrb.co.za

For office use: Progress no \_\_\_\_\_

Signature \_\_\_\_\_

Progress I D no \_\_\_\_\_

## **APPLICATION INSTRUCTIONS**

**NOTE:** This form is to be completed by:

- a) Directors of the Applicant;
  
  - b) any person, other than an institutional investor, a public traded investor, a depository institution or a central securities depository who or which directly or indirectly procures an interest of 5% or more in the business to which a licence relates;
  
  - c) any publicly traded investor, other than an institutional investor, who procures a financial interest of 10% or more in the business to which a licence relates;
  
  - d) any institutional investor who, directly or indirectly procures a financial interest of 15% or more in the business to which a licence relates; and
  
  - e) persons acting as principal for the Applicant (within the meaning of a normal agency agreement) or persons who have the power to exercise significant influence over the gambling business of the Applicant.
- 
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 and Compliance, Western Cape Gambling and Racing Board, P O Box 8175, ROGGEBAAI, 8012, Republic of South Africa or , if by hand, to the 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. The original application form must be accompanied with a photograph of the applicant taken **not more than three months** before the submission of this application form.
8. 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.
9. 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 or quote the current exchange rate with respect to South African Rand as at the **date of the Statement of Assets and Liabilities**.
10. If there is not enough space on the schedules for the financial information, additional information of the applicant, the applicant’s spouse or children, such information must be given on additional pages in the same format as those of the relevant schedules pertaining to this application form.
11. All dates must be in the format: **Day / Month / Year**.

<b>The following must accompany this application form:</b>
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**NOTE: This Application form is deemed to be received only once it is duly completed, all the required information and annexures stated below has been received by the Office of the Western Cape Gambling and Racing Board and all required monies in relation to the application have been paid. Failure to will render your application as not received. The applicant will receive a notification advising the applicant when (date) the application was received.**

**A. Additional information to be submitted**

**Police Clearance certificate equivalent from his/her country of origin.  
Credit Check Report (ITC Report) equivalent from his/her country of origin for Entity and Persons.  
Tax Clearance Certificate equivalent from his/her country of origin.**

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### 1. APPLICANT

Name _____				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Date of birth _____ / _____ / _____		Place of birth _____		
I D no _____		Social Security no _____		
Passport no _____		Date of issue _____ / _____ / _____		
Place of issue _____				
<b>(Attach certified true copies of all pages of I D document)</b>				
Home address _____				
_____				
Suburb _____		Postal code _____		
Town/City _____		Country _____		
Telephone no (home) _____ / _____		Fax no _____ / _____		
Cell phone no _____		E-mail address _____		
Other names you have used or by which you have been known _____				
_____				
Details of all legal name changes _____				
_____				
Current business address _____				
_____				
Suburb _____		Postal code _____		
Town/City _____		Country _____		
Telephone no (work) _____ / _____		Fax no _____ / _____		

### 2. PHOTOGRAPH

**Please note:**

1. Your name and address must be printed on the back of the photograph.
2. Photograph must be taken not more than 3 months before submission of this application.
3. Do not paste the photoraph onto this form. Please use a stapler.

Date of photograph \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

is a true resemblance of:

\_\_\_\_\_

Name of applicant

**(To be certified by a Commissioner of Oaths)**

Signature \_\_\_\_\_

Progress I D no \_\_\_\_\_

### 3. CITIZENSHIP

I am a native-born citizen of the Republic of South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a naturalised citizen of the Republic of South Africa	Yes <input type="checkbox"/>	No <input type="checkbox"/>
an alien on a visa or work permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
an alien with a permanent residence permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you are an alien:

- list your passport no \_\_\_\_\_
- country of issue \_\_\_\_\_
- date of issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- port or place of entry into the Republic of South Africa \_\_\_\_\_  
\_\_\_\_\_
- date of entry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**(Attach certified true copies of all the pages of your current passport and 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.

#### **SPOUSE / COMMON LAW WIFE / PARTNER**

\_\_\_\_\_

First name	Middle name(s)	(Maiden name)	Surname
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Street address \_\_\_\_\_

Town/City \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_

Date of marriage / Commencement of current relationship \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I D no \_\_\_\_\_ Social security no \_\_\_\_\_

Current/last employer \_\_\_\_\_

Address of employer \_\_\_\_\_

\_\_\_\_\_

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**CHILD / STEP-CHILD**

\_\_\_\_\_

First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Street address \_\_\_\_\_

Town/City \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_

I D no \_\_\_\_\_ Social security no \_\_\_\_\_

Current/last employer \_\_\_\_\_

Address of employer \_\_\_\_\_

\_\_\_\_\_

**CHILD / STEP-CHILD**

\_\_\_\_\_

First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Street address \_\_\_\_\_

Town/City \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_

I D no \_\_\_\_\_ Social security no \_\_\_\_\_

Current/last employer \_\_\_\_\_

Address of employer \_\_\_\_\_

\_\_\_\_\_

**CHILD / STEP-CHILD**

\_\_\_\_\_

First name \_\_\_\_\_ Middle name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Street address \_\_\_\_\_

Town/City \_\_\_\_\_ Country \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth \_\_\_\_\_

I D no \_\_\_\_\_ Social security no \_\_\_\_\_

Current/last employer \_\_\_\_\_

Address of employer \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Progress I D no \_\_\_\_\_

**5. ACADEMIC INFORMATION**

Complete the table below in respect of each high school, trade school, college, technicon, university or any other tertiary institution you have attended. Begin with the most recent and work backwards.

<b>Date (Yr to Yr)</b>	<b>Name and address of academic institution</b>	<b>Last grade/standard/</b>	<b>Degree or certificate obtained</b>

**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.

<b>Date (Yr to Yr)</b>	<b>Name, address, telephone &amp; fax no of employer</b>	<b>Job description &amp; job title</b>	<b>Name of supervisor</b>	<b>Reasons for leaving</b>

**(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

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 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.

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 or your spouse/partner ever been party to a personal lawsuit?

Yes  No

If yes, give details in the table below.

<b>Date</b>	<b>Name of court</b>	<b>Case number</b>	<b>Other parties to lawsuit</b>	<b>Nature of lawsuit</b>	<b>Outcome of lawsuit</b>

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

Yes  No

If yes, give details below:


**11. PARTY TO ANTICIPATED LAWSUITS**

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

Yes  No

If yes, provide details below:


**12. PREVIOUS LAWSUITS**

Have you, your 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

If yes, provide details below:


**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 or has your spouse or 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  No

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 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 and the period of time during which the investigation was in progress.


**15. PRIVATE BUSINESS RELATIONSHIPS**

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

<b>Dates (Yr to Yr)</b>	<b>Name of own party involved</b>	<b>Name of other party involved</b>	<b>Nature of business relationship</b>

**16. CRIMINAL OFFENCES**

Have you ever been arrested, indicted for, or convicted of a criminal offence or has any member of your immediate family (as shown in Section 5 of this application) ever been so arrested, indicted, charged or convicted? List **all** cases, irrespective of the outcome.

Yes

No

If yes, complete the table below:

<b>Date</b>	<b>Name or relationship</b>	<b>Nature of charge or conviction</b>	<b>Name &amp; address of court or agency</b>	<b>Outcome</b>

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**17. CRIMINAL PROCEEDINGS**

Have you ever been called as a witness in any criminal proceeding or has any member of your immediate family (as shown in Section 5 of this application) ever been involved in such criminal proceedings?

Yes

No

If yes, complete the table below:

<b>Date</b>	<b>Name or relationship</b>	<b>Name &amp; address of court or agency</b>	<b>Nature of proceedings</b>

**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 shown in Section 5 of this application) ever been so pardoned or had a record so expunged or sealed?

Yes

No

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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

**(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

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 the equivalent thereof was paid to you?

Yes

No

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

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.


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

Yes  No

If yes, provide details below, including the policy number, to whom ceded and for what reason.


**21. GAMBLING LICENCES**

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

<b>Date of application/ investigation</b>	<b>Name &amp; address, tel. &amp; fax of jurisdiction</b>	<b>Type of licence</b>	<b>Outcome of application</b>	<b>Licence number</b>
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**21.2 Provide** details below of all gambling licence applications **currently pending:**

<b>Date of application/ investigation</b>	<b>Name &amp; address, tel. &amp; fax of jurisdiction</b>	<b>Type of licence applied for</b>	<b>Anticipated date of decision</b>	<b>Status of application/ investigation</b>

**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>

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**21.4.** Provide details below in respect of each person or business entity which has provided finance or which you anticipate will advance 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?

Yes  No

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 gambling venture?

Yes  No

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  No

If **yes**, attach **certified true and legible copies** of all the pages and supporting schedules of your tax returns covering those **three** years as well as the corresponding **tax assessments and attachments or tax clearance certificates** 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**.

Tax reference no _____	Tax authority location _____
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If **no**, give an explanation below and provide **personal income statements and balance sheets** for those **three** years.


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

Yes  No

If **yes**, state the reasons below for the extension granted.


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

Yes  No

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


**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                       No

If yes, complete the table below:

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

**24. BANKRUPTCY**

Have you ever been declared legally insolvent or bankrupt or have you ever filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law?

Yes                       No

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

Date filed	Case number	Name & address 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%.


**26. DIRECTORSHIPS**

List all directorships currently or previously held

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

**27. FOREIGN ASSETS**

Do you own or control any assets or liabilities outside your country of residence?

Yes  No

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


**28. CONTROL OF ASSETS**

Do you control, manage or hold in **trust** any assets or liabilities for any other person or entity?

Yes  No

If yes, provide details below and provide a **certified true and legible copy of all trust deeds** as well as the latest **audited financial statements** of all such trusts. State whether you are a **donor, trustee or beneficiary** of any trust.


**29. BANK ACCOUNTS**

Have you or your spouse opened or closed any bank account which was issued in your name, your spouse's name or in the name of any entity which you or your spouse controlled, during the **five** years preceding the date of this application?

Yes  No

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If yes, provide details below:

Date opened/closed	Bank & branch where account was opened/closed	Name & no. of account	Balance of account as at .....	If closed, reason for closing & the destination of the proceeds

**Provide copies of the statements of every bank account held in your or your spouse's name for the past three months.**

**30. MONTHLY INCOME & EXPENDITURE STATEMENT**

Provide details below of your **average 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**. Indicate the applicable **exchange rate and date** when a foreign currency is converted to South African Rand.

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 (if applicable)			
Bond repayment/rental of house			
Clothes			

Signature \_\_\_\_\_

Progress I D no \_\_\_\_\_

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

**31. STATEMENT OF ASSETS AND LIABILITIES**

<b>DATE OF STATEMENT</b> _____ / _____ / _____
--

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.

**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.**

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**31.1 ASSETS**

Assets	Applicant	Schedule	Spouse+minor children
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>			

**31.2. LIABILITIES**

Liabilities	Applicant	Schedule	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>			
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**32. OFF-BALANCE SHEET ASSETS**

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

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

**33. CONTINGENT LIABILITIES**

List all contingent liabilities (e.g. Guarantees given) as well as the amounts involved.

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



**SCHEDULE A**

**ACCOUNTS / MONEY RECEIVABLE / TAX OVERPAID**

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

Signature \_\_\_\_\_

Progress I D no \_\_\_\_\_

**SCHEDULE B  
BANK ACCOUNTS**

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

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

**SCHEDULE C**

**CREDIT CARD ACCOUNTS**

<b>Name of credit card (Visa etc)</b>	<b>Name of financial institution</b>	<b>Name appearing on card</b>	<b>Account number</b>	<b>Expiry date</b>	<b>Type of card (credit, petrol)</b>	<b>Credit balance* as at.....</b>	<b>Debit balance* as at.....</b>
<b>APPLICANT:</b>							
<b>SPOUSE:</b>							

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

**SCHEDULE D**

**PERSONAL AND HOUSEHOLD EFFECTS**

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

**SCHEDULE E**

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

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

**SCHEDULE F**

**NON – LISTED INVESTMENTS**

<b>Name of entity</b>	<b>Type (co., cc, partners etc)</b>	<b>No of ownership units</b>	<b>Percentage ownership</b>	<b>Purchase price</b>	<b>Date of purchase</b>	<b>Name in which registered</b>	<b>Persons / entity sharing ownership</b>	<b>Current market value</b>
<b>APPLICANT</b>								
<b>SPOUSE &amp;</b>	<b>MINOR CHIL</b>	<b>DREN:</b>						

**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:</b>							

Signature \_\_\_\_\_

Progress I D no \_\_\_\_\_

**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:</b>							



**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 &amp; MINOR</b>	<b>CHILDREN:</b>						

**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 &amp; MINOR</b>	<b>CHILDREN:</b>						

**SCHEDULE K**

**BONDS/MORTGAGES PAYABLE**

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

**SCHEDULE L**

**HIRE PURCHASE ACCOUNTS PAYABLE**

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

**SCHEDULE M**

**LOANS PAYABLE (SECURED & UNSECURED)**

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

**SCHEDULE N**

**OTHER LIABILITIES PAYABLE**

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

**SCHEDULE O**

**OFF-BALANCE SHEET ASSETS**

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

**SCHEDULE P**

**CONTINGENT LIABILITIES**

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

Signature \_\_\_\_\_

Progress I D no \_\_\_\_\_



*Western Cape Gambling and Racing Board*  
*Personal History Disclosure*

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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;
- (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 \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
(Signature)

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

**Western Cape Gambling and Racing Board**  
**Personal History Disclosure**

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**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.

FROM: \_\_\_\_\_  
                            (Surname)  (First names)

\_\_\_\_\_  
  (Address)

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

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

Signature \_\_\_\_\_

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**

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

**Progress I D no** \_\_\_\_\_

*Western Cape Gambling and Racing Board*  
*Personal History Disclosure*

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**ACCESS TO TAX RECORDS**

I, \_\_\_\_\_.

(Full names)

the undersigned, am aware that the confidentiality of income tax returns is protected by law. 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 \_\_\_\_\_ 19\_\_\_\_\_.

\_\_\_\_\_

(Signature)

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

*Western Cape Gambling and Racing Board*  
*Personal History Disclosure*

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