

APPLICATION FOR A KEY EMPLOYEE LICENCE

PERSONAL HISTORY DISCLOSURE (PHD)

Full name of applicant: _____

Employed by : _____

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

Web site: www.wcgrb.co.za

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 greater 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, Racing and Betting, Western Cape Gambling and Racing Board, P O Box 8175, ROGGEBAAI, 8012, 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**.

The following must accompany this application form:

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. A fee of R350.00 is payable in terms of Section 32 of the Act.**
- B. A deposit of R750, 00 is payable in terms of section 34 of the Act read with Regulation 27.**

C. 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.**

Tax Clearance Certificate equivalent from his/her country of origin.

- D. An annual investigation fee of R350 and annual licence fee of R90 are payable upon approval of each new licence.**

Western Cape Gambling and Racing Board
Personal History Details for a Key Employee Licence

1. APPLICANT

Name _____

First Middle Maiden (If applicable) Surname

Date of birth _____ / _____ / _____ Place of birth _____

I D no _____ Social Security no _____

Passport no _____ Date of issue _____ / _____ / _____

Place of issue _____

(Attach certified true copies of all pages of I D document)

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 photograph 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 No
a naturalised citizen of the Republic of South Africa Yes No
an alien on a visa or work permit Yes No
an alien with a permanent residence permit Yes No

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
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 _____

Signature _____

Progress I D no _____

*Western Cape Gambling and Racing Board
Personal History Details for a Key Employee Licence*

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.

Date (Yr to Yr)	Name and address of academic institution	Last grade/standard/ term attended	Degree or certificate obtained

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

(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:

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, and recreational vehicles), aero planes, 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.

Western Cape Gambling and Racing Board
Personal History Details for a Key Employee Licence

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.

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

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

Yes No

If yes, give details below:

Signature _____

Progress I D no _____

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:

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

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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:

Date	Name or relationship	Nature of charge or conviction	Name & address of court or agency	Outcome

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

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If yes, complete the table below:

Date	Name or relationship	Name & address of court or agency	Nature of proceedings

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

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 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?

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Yes

No

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

21. GAMBLING LICENCES

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

Date of application/ investigation	Name & address, tel. & fax of jurisdiction	Type of licence	Outcome of application	Licence number

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

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

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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.

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

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

Name & address of person / entity	Relationship with applicant	Nature of finance	Amount of finance	Terms of the advance

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 _____

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

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

Date (Year to Year)	Name of company	Registered address of company	Income tax reference number of co.	Type of director-ship held

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.

27. 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.

28. 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

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.

29. 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.

Western Cape Gambling and Racing Board
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INCOME AND EXPENDITURE STATEMENT:

INCOME	APPLICANT	SPOUSE	TOTAL
Salary (net) / Drawings			
Fees (Directors / consultancy)			
Rental received			
Interest			
Dividends			
Repayments of loans			
Other income (specify)			
TOTAL INCOME (A)			
EXPENDITURE	APPLICANT	SPOUSE	TOTAL
Alimony (if applicable)			
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			
Other expenses (specify)			
TOTAL EXPENDITURE (B)			
NET INCOME / (DEFICIT) (A - B)			

Signature _____

Progress I D no _____

30. STATEMENT OF ASSETS AND LIABILITIES

DATE OF STATEMENT _____ / _____ / _____

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.**

30.1 ASSETS

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

30.2. LIABILITIES

Signature _____

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

NET WORTH (A – B)			
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31. 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
		O	
		O	
		O	
		O	
		O	

32. CONTINGENT LIABILITIES

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

Contingent liabilities	Applicant	Schedule	Spouse
		P	
		P	
		P	
		P	
		P	

Western Cape Gambling and Racing Board
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SCHEDULE A
ACCOUNTS / MONEY 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
APPLICANT:								
SPOUSE:								

Signature _____

Progress I D no _____

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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* as at.....	Debit balance* as at.....
APPLICANT:									
SPOUSE & MINOR	CHILDREN:								

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

Signature _____

Progress I D no _____

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* as at.....	Debit balance* as at.....
APPLICANT:							
SPOUSE:							

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

Signature _____

Progress I D no _____

SCHEDULE D
PERSONAL AND HOUSEHOLD EFFECTS

Other assets	Purchase price	Date of purchase	Current market value (not insurance values)	Other information pertain-ing to these assets
APPLICANT:				
SPOUSE:				

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
APPLICANT:						
SPOUSE & MINOR	CHILDREN:					

Signature _____

Progress I D no _____

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SCHEDULE F
NON – LISTED INVESTMENTS

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

Signature _____

Progress I D no _____

Western Cape Gambling and Racing Board
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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
APPLICANT:							
SPOUSE:							

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
APPLICANT:							
SPOUSE:							

Western Cape Gambling and Racing Board
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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
APPLICANT:							
SPOUSE & MINOR CHILDREN:							

Signature _____

Progress I D no _____

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
APPLICANT:							
SPOUSE & MINOR CHILDREN:							

Signature _____

Progress I D no _____

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
APPLICANT:								
SPOUSE:								

Signature _____

Progress I D no _____

**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
APPLICANT:								
SPOUSE:								

Signature _____

Progress I D no _____

**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)
APPLICANT:								
SPOUSE:								

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
APPLICANT:								
SPOUSE:								

Signature _____

Progress I D no _____

**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
APPLICANT:							
SPOUSE & MINOR	CHILDREN:						

Western Cape Gambling and Racing Board
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SCHEDULE P
CONTINGENT LIABILITIES

Name & address of creditor	Date incurred	Description of principal debt	Original debt	Unpaid balance of debt	Maturity date	Monthly payments	Reason for providing security	Other collateral	Other persons liable
APPLICANT:									
SPOUSE:									

Signature _____

Progress I D no _____

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
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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 _____

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 Details for a Key Employee Licence

Signature _____

Progress I D no _____