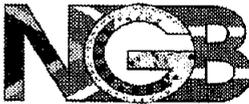


NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

<p>INSTRUCTIONS</p> <p>This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations, 2004</p> <p><i>This form has 6 pages (including this page)</i></p> <p><i>The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application.</i></p> <p>Contacting the National Gambling Board</p> <p>National Gambling Board The dti Campus Ground Floor, Block G, 77 Meintjies Str. Sunnyside 0002 Private Bag X27, Hatfield, 0028, Republic of S.A. Tel: (012) 394 3800 Fax: (012) 394 0831 e-mail: info@ngb.org.za website: www.ngb.org.za</p>	 <p>National Gambling Board a member of the dti group</p> <p>FORM NGB 5/1(e)</p> <p>APPLICATION FOR RENEWAL OF EMPLOYMENT LICENCE</p>
	<p>Full Names of Applicant _____</p> <p>Employer: _____</p>
	<p>APPLICANT'S SIGNATURE _____</p>
	<p>DATE _____</p>

This form is prescribed by the Minister of Trade and Industry in terms section 38(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

**All correspondence to be addressed to:
The Chief Executive Officer
Provincial Licensing Authority's Postal Address**

PLA'S CONTACT DETAILS:
Telephone no:
Fax no:

SIGNATURE: _____

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APPLICATION INSTRUCTIONS

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 and documents required, your application may be rejected.**
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 applicant.**
6. The original completed application form and all the additional required information and documentation plus **one copy of all pages, including all supporting documentation**, must be submitted.
7. This application form may only be used to renew a licence for two consecutive years. Form NGB 5/1(a) shall be used for renewal after every three years.
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 dates must be in the format: **Day / Month / Year**.

SIGNATURE: _____

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RENEWAL INFORMATION

1. APPLICANT

Name _____			
First	Middle	Maiden (If applicable)	Surname
Other names you have used or use, or by which you have been or are known _____			
Date of birth _____ / _____ / _____		Place of birth _____	
I D no _____		Social Security no _____	
Passport no _____		Date of issue _____ / _____ / _____	
Country of Citizenship _____		Place of issue _____	
Details of all legal name changes _____			
Home address _____			
Suburb _____		Postal code _____	
Town/City _____		Country _____	
Telephone no (home) _____ / _____		Fax no _____ / _____	
Cell phone no _____		E-mail address _____	
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 1 month before submission of this application.
3. Do not paste the photograph onto this form. Please use a stapler.

Date of photograph _____ / _____ / _____

The attached photograph is a true resemblance of:

Name of applicant

SIGNATURE: _____

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3. DURING THE PAST 12 MONTHS, HAVE YOU BECOME DISQUALIFIED FROM HOLDING THIS LICENCE IN TERMS OF SECTION 49 OF THE ACT?

YES NO

4. HAVE YOU BEEN INDICTED OR CHARGED WITH ANY CRIMINAL OFFENCES, EXCLUDING TRAFFIC OFFENCES, DURING THE PAST TWELVE (12) MONTHS?

YES NO

If Yes, complete the table below:

JURISDICTION	NATURE OF NON-COMPLIANCE	DATE OF CHARGE	OUTCOME	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE

5. HAVE YOU BEEN A PARTY TO A LAWSUIT DURING THE PAST TWELVE (12) MONTHS?

YES NO

If Yes, provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	DETAIL OF THE PARTIES	NATURE OF CLAIM	QUANTUM OF THE CLAIM	CURRENT STATUS OF THE CASE

SIGNATURE: _____

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6. TAX STATUS OF APPLICANT

TAX REFERENCE NO. :

(Please attach certified copy of a valid tax clearance certificate to this form.)

7. HAVE ANY CIVIL JUDGEMENTS BEEN TAKEN AGAINST YOU DURING THE PAST TWELVE (12) MONTHS?

YES NO

If Yes, provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	DETAIL OF THE PARTIES	NATURE OF CLAIM	QUANTUM OF THE CLAIM	CURRENT STATUS OF THE CASE

8. HAVE ANY DISCIPLINARY PROCEEDINGS BEEN INSTITUTED AGAINST YOU BY YOUR EMPLOYER DURING THE PAST TWELVE (12) MONTHS?

YES NO

If Yes, provide details:

SIGNATURE: _____

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AFFIDAVIT

I, _____

(Full names)

Hereby -

(a) declare that -

- (i) I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the National Gambling Act, Act 7 of 2004;
- (ii) I am the person identified in this form, and
- (iii) I have personally completed this form and have supplied all the information indicated herein, and

(b) 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.

[Empty rectangular box for signature]

SIGNATURE OF DEPONENT

I certify that:

The Deponent has acknowledged that:

- (i) He/she knows and understands the contents of this declaration;
- (ii) He/she has no objection to taking the prescribed oath, and
- (iii) He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn to before me at _____ on this ____ day of _____.

[Empty rectangular box for signature]

COMMISSIONER OF OATHS

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

SIGNATURE: _____