

**EASTERN CAPE  
GAMBLING AND BETTING BOARD**

**APPLICATION FOR ACQUISITION OF INTEREST IN  
THE HOLDER OF A GAMBLING LICENCE**

## APPLICATION INSTRUCTIONS

*This application form is to be completed by any person who seeks consent from the Eastern Cape Gambling and Betting Board to acquire an interest in the holder of a gambling licence of 5% or more or is otherwise directed to file an application by the Eastern Cape Gambling and Betting Board.*

SIGNATURE: \_\_\_\_\_

## DISCLOSURE FORM

1. Read this entire form carefully before answering any of the questions. Any incomplete or inaccurate answer may result in no action being taken on the application, or denial of the application.
2. Except for the Personal History Disclosure Forms and Business History Disclosure Forms and annexures thereto which must accompany this application, each application shall consist of the original **master copy of this form and 12 (twelve) numbered copies of the completed application form and annexures thereto. The original master copy of the Personal History Disclosure Forms and Business History Disclosure Forms shall be submitted with one 1 (one) numbered copy** of each original. In addition two loose-leaf copies of the application, with all confidential information removed, must be made available for public inspection.
3. For the purposes of this application, “enterprise” is defined to include any corporation, company, association, operation, firm partnership, trust or other form of business association, and any sole proprietor or natural person.
4. Answer every question fully and truthfully. Do not leave any blank spaces. If a question does not apply to you, indicate N/A (for “Not Applicable”) in response to that question. If there is nothing to disclose about a particular question, write “None”.
5. All entries on this form, except signatures, must be typed or block-printed in black ink. If your application is not legible, it will not be accepted.
6. Sign each page of this form in the space provided, once you have checked your answers and are sure they are complete and correct.
7. If you need additional space to answer any question(s), please use the blank page provided at the end of this form. Be sure to indicate the number(s) of the question(s) you are answering if you use this additional space.
8. Sign the Statement of Truth and all Release Authorisation Forms in the presence of a notary public and have both your signatures notarised.

### IMPORTANT NOTICE

1. You must immediately notify the Eastern Cape Gambling and Betting Board of any change of address. All notices regarding this application will be sent to the address that you provide on this form.
2. Any person who applies to the Board for identification as a qualifier and who is identified as such is required to submit to searches without a warrant when present on a licensed gambling facility pursuant to section 76(1) of the Eastern Cape Gambling and Betting Act, 1997 (Act No. 5 of 1997) (“the Act”).
3. Information supplied to the Board, or otherwise obtained by it, is confidential and may not be revealed except, in the course of administering the Act, upon the lawful order of a court of competent jurisdiction. Nevertheless, an applicant or a licence holder waives any liability of the Eastern Cape Gambling and Betting Board, its instrumentalities and its agents, for any damages resulting from any disclosure or publication in any manner, other than a wilfully unlawful disclosure or publication, pursuant to section 76 of the Eastern Cape Gambling and Betting Act

SIGNATURE: \_\_\_\_\_

**APPLICATION TO ACQUIRE INTEREST IN A LICENCE HOLDER**

I, \_\_\_\_\_ on behalf of the applicant/myself (DELETE ONE) hereby apply in terms of section 40 of the Gambling and Betting Act, 1997 (Act No. 5 of 1997) (Eastern Cape), to acquire an interest of 5% or more or such lesser percentage as may be prescribed in the business of a licence holder and confirm being aware of and understanding the provisions of the said Act and Regulations, insofar as they pertain to this application.

Full name of applicant \_\_\_\_\_  
\_\_\_\_\_

Physical home address (individual) or  
physical business address (enterprise) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal address \_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Facsimile number \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of licence holder in whom applicant wishes to acquire an interest \_\_\_\_\_

Type of licence held by licence holder \_\_\_\_\_

Board licence number of licence holder \_\_\_\_\_

Direct or indirect percentage applicant wishes to acquire in licence holder \_\_\_\_\_

For and on behalf of the applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
(who warrants his authority)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Capacity of signatory

SIGNATURE: \_\_\_\_\_

NAME AND REGISTRATION NUMBER OF APPLICANT ENTERPRISE (Enterprise applicants only)

<hr/> <p>*Name as appears on or in the certificate of incorporation, charter, by-laws, partnership agreement or other official document. DO NOT ABBREVIATE</p>
--

TRADE NAME(S) (Enterprise applicants only)

---



---



---



---

Person to be contacted with reference to these forms:

NAME	
TITLE	TELEPHONE NO. (INCLUDE AREA CODE)

The principal business address of the applicant:

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
COUNTRY	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)		
MAILING ADDRESS (IF DIFFERENT)	CITY	PROVINCE/STATE	POSTAL CODE

The address from which the applicant is or will be conducting any business as part of an agreement with a licence holder:

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
COUNTRY	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)		

SIGNATURE: \_\_\_\_\_

**ITEM 1. OTHER NAMES AND ADDRESSES OF THE APPLICANT**

A. List all other names and registration numbers under which the applicant has conducted business, and give approximate periods of time during which such names were in use.

NAME	REGISTRATION NUMBER	FROM	TO

B. State all other addresses currently occupied/held by the applicant and all addresses from which the applicant is currently conducting business or resides.

NUMBER AND STREET	CITY	PROVINCE	POSTAL CODE

C. State all addresses, other than those listed above, which the applicant occupied/held or from which he/she/it was conducting business or resided during the last ten (10) years, and give the approximate periods of time during which such addresses were occupied/held.

NUMBER AND STREET	CITY	PROVINCE	POSTAL CODE	FROM	TO

**ITEM 2. DESCRIPTION OF ENTERPRISE OF THE APPLICANT**

A. Specify the form of this enterprise (i.e. Limited Company, Close Corporation, partnership, trust, joint venture, sole proprietorship, individual person or otherwise).

---



---

B. Submit a copy of the certificate of incorporation and all amendments, the charter, by-laws, partnership agreement, trust agreement or other basic documentation of the

SIGNATURE: \_\_\_\_\_

applicant, if any. In the case of an individual a copy of the first page of the ID book or passport must be submitted. This document must be labelled ITEM 2-B.

### **ITEM 3. QUALIFIERS**

Please indicate all persons or entities in your enterprise that correspond to the sub-items listed below. If any of sub-items A to E do not apply, please indicate N/A (for "Not applicable") directly on this form.

- NOTE 1: A PERSONAL HISTORY DISCLOSURE FORM (FORM LA 2) MUST BE COMPLETED BY EVERY PERSON NOTED IN SUB-ITEMS A TO D.**
- NOTE 2: A PERSONAL HISTORY DISCLOSURE FORM OR BUSINESS HISTORY DISCLOSURE FORM (FORM LA 3) MUST IN ADDITION BE COMPLETED BY EVERY PERSON LISTED IN SUB-ITEM E IF SUCH PERSON DOES NOT FALL INTO SUB-ITEMS A TO D.**
- NOTE 3: THE BOARD MAY, AT ITS DISCRETION, ORDER ADDITIONAL PERSONS ASSOCIATED WITH THE ENTERPRISE TO FILE THE APPROPRIATE DISCLOSURE FORM IF IT APPEARS THAT SUCH PERSON SHOULD BE QUALIFIED IN ORDER TO CARRY INTO EFFECT THE PURPOSES OF THE EASTERN CAPE GAMBLING AND BETTING ACT AND THE REGULATIONS THERETO.**
- NOTE 4: WHERE APPLICATIONS FOR REGISTRATION OF KEY PERSONS OR GAMBLING EMPLOYEES ACCOMPANY THIS APPLICATION-**
- (A) PERSONS SET OUT IN SUB-ITEMS A TO C SHALL APPLY FOR REGISTRATION AS KEY PERSONS.**
- (B) PERSONS SET OUT IN SUB-ITEM D SHALL APPLY FOR REGISTRATION AS GAMBLING EMPLOYEES.**
- (C) IT SHALL NOT BE NECESSARY FOR PERSONS REGISTERED AS KEY PERSONS TO SIMULTANEOUSLY BE REGISTERED AS GAMBLING EMPLOYEES.**
- (D) AN APPLICANT FOR REGISTRATION AS A KEY PERSON OF GAMBLING EMPLOYEE SHALL ONLY NEED TO FILL IN ONE PERSONAL HISTORY APPLICATION FORM, I.E. THAT ACCOMPANYING HIS OR HER APPLICATION FOR REGISTRATION AS A KEY PERSON OR GAMBLING EMPLOYEE.**
- NOTE 5: WHERE APPLICATIONS FOR REGISTRATION AS KEY PERSONS OR GAMBLING EMPLOYEES BY PERSONS REFERRED TO IN SUB-ITEMS A TO D DO NOT ACCOMPANY THIS APPLICATION, EACH APPLICANT FOR REGISTRATION AS A KEY PERSON OR GAMBLING EMPLOYEE SHALL SUBMIT A SECOND PERSONAL HISTORY DISCLOSURE FORM WITH HIS OR HER APPLICATION FOR SUCH REGISTRATION.**

SIGNATURE: \_\_\_\_\_

- A. Where the applicant is a natural person, that person.
- B. All officers of the applicant.
- C. All directors or trustees of the applicant.
- D. In the case of a Close Corporation, all members of such applicant.
- E. All beneficial owners of 5% or more of the outstanding voting and non-voting securities of the applicant, whether such owners are themselves legal or natural persons.

**NOTE 6: PERSONS ALREADY REGISTERED OR LICENSED WITH THE BOARD ONLY NEED TO COMPLETE FORM LA 7 (AFFIDAVIT OF NO SUBSTANTIAL CHANGES) IF SO REGISTERED BY THE BOARD AND DO NOT NEED TO RE-APPLY FOR REGISTRATION AS A KEY PERSON OR GAMBLING EMPLOYEE AS PART OF THIS APPLICATION.**

**NOTE 8: IF AN ENTERPRISE IS LISTED AS AN OWNER IN SUB-ITEM E ABOVE, THE ENTERPRISE MUST COMPLETE A SEPARATE BUSINESS ENTITY DISCLOSURE FORM (FORM LA 3).**

SIGNATURE: \_\_\_\_\_

For every person or entity noted in SUB-ITEMS 7B to 7E above, please provide the information requested in the following form:

NAME	DATE OF BIRTH	HOME ADDRESS	TITLE, POSITION OR ASSOCIATION WITH THE ENTERPRISE	% OF OWNERSHIP of applicant (**)

\*\* Include number of share held and class of stock, if applicable.

In the case of an applicant who is a natural person, please indicate natural person and leave the above table blank.

Should you require additional space, attach a separate sheet in the same tabular format and label it SUB-ITEM 3A, B, etc.

SIGNATURE: \_\_\_\_\_

**ITEM 4. AFFIDAVITS AND SIGNATURES**

Pursuant to the regulations of the Board, this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation, who must himself or herself date the signature of the deposer and indicate the basis of his or her authority to take oaths and affirmations.

Each of the following persons must complete an affidavit attesting to the truth of the information in this form:

- A. If the applicant is a company, the president or any officer so authorised to affirm.
- B. If the applicant is a partnership, each of the partners, and if it is a limited partnership, by each of the general partners only.
- C. If the applicant is any other business form, organisation or association, the president or any officer so authorised to affirm.
- D. If the applicant is a sole proprietorship, the natural person who is the proprietor.
- E. If the applicant is a natural person, the natural person concerned.

Each affidavit required must be identical to the model which appears on the next page of this form.

SIGNATURE: \_\_\_\_\_

**AFFIDAVIT**

PROVINCE/STATE OF \_\_\_\_\_

COUNTRY OF \_\_\_\_\_

I, \_\_\_\_\_, hereby

acknowledge that I am aware that the Board may deny a registration to any applicant that supplies information to the Board which is untrue or misleading as to a material fact pertaining to the qualification criteria.

Further I, \_\_\_\_\_, hereby  
(NAME)

swear (or affirm) that the foregoing statements made by me on behalf of

\_\_\_\_\_ are true.  
(NAME OF ENTERPRISE or in the case of a natural person, indicate "MYSELF")

I am aware that if any of the foregoing statements made by me are wilfully false, I will be subject to the penalty attendant upon perjury.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(TYPE, STAMP OR PRINT NAME)

\_\_\_\_\_  
TITLE OR POSITION

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
COMMISSIONER OF OATHS

\_\_\_\_\_  
FULL NAMES

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

SIGNATURE: \_\_\_\_\_

**ITEM 5. RELEASE AUTHORISATION - NOTICE**

Each enterprise must have the attached “Release Authorisation” properly signed, dated and notarised.

The attached “Notice” must also be acknowledged by a proper signature and date.

Each document must be signed by the following person.

- A. If the applicant is a company, the president or any officer authorised to execute such a document and bind the company.
- B. If the applicant is a partnership, a partner.
- C. If the applicant is a limited partnership, a general partner.
- D. If the applicant is any other business form, organisation or association, the president or any officer authorised to execute such a document and bind the enterprise.
- E. If the applicant is a sole proprietorship or natural person, the natural person who is the proprietor.

A copy of the resolution by the company or close corporation authorising the person referred to above to sign on its behalf must be annexed hereto.

SIGNATURE: \_\_\_\_\_

**RELEASE AUTHORISATION**

To All Courts, Probation Departments, Selective Service Boards, Employers, Education Institutions, Banks, Financial and other Such Institutions, and all Government Agencies - State, Provincial and Local, without exception, both foreign and domestic.

On behalf of \_\_\_\_\_

I, \_\_\_\_\_, have authorised the Eastern Cape Gambling and Betting Board to conduct a full investigation into the background of the said enterprise/myself.

Therefore, you are hereby authorised to release any and all information pertaining to that enterprise/myself, either documentary or otherwise, as requested by any employee or agent of the Eastern Cape Gambling and Betting Board, provided that he or she certifies to you that enterprise has an application pending before the Eastern Cape Gambling and Betting Board or that that enterprise is currently a licence holder or registrant required to be qualified under a provision of the Gambling and Betting Act, 1997 (Act No. 5 of 1997)(Eastern Cape), or has an application pending before the Eastern Cape Gambling and Betting Board.

This authorisation supersedes or countermands any prior request or authorisation to the contrary.

A certified photostat copy of this authorisation will be considered as to be effective and valid as the original.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

SIGNATURE: \_\_\_\_\_

**NOTICE**

- 1. Information supplied to the Board or otherwise obtained by it is confidential and may not be revealed, except in the course of administrating the Gambling and Betting Act, 1997 (Act No. 5 of 1997) (Eastern Cape) or upon the lawful order of a court of competent jurisdiction. Nevertheless, an applicant or a licence holder or registrant exempts the Eastern Cape Gambling and Betting Board and its instrumentality and agents from liability for any damages resulting from any disclosure or publication in any manner.
- 2. An applicant for, or holder of, a licence or registration under the Gambling and Betting Act, 1997 (Act No. 5 of 1997)(Eastern Cape), is subject to inspections, searches and seizures as authorised by the Act and by the Eastern Cape Gambling and Betting Regulations. More specifically, section 4(1) of the Act empowers the Board to gather information from any source or person regarding the suitability of the applicant to hold a licence or be registered and the suitability of the premises in respect of which the application has been made.
- 3. In terms of Regulation 13 of the Eastern Cape Gambling and Betting Regulations, 1998, any person who submits an application to the board for registration shall be liable for and pay to the board all expenses incurred by the board in investigating the applicant :  
Provided that in the case of employee registrations, the employer shall pay the investigating expenditure but the employee will be liable to the employer for one half of the expenses should he leave the employ of the employer within six (6) months.

Receipt of notice acknowledged on behalf of:

\_\_\_\_\_  
(NAME OF APPLICANT)

\_\_\_\_\_  
DATE

BY: \_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(TITLE OR POSITION HELD)

SIGNATURE: \_\_\_\_\_

