

**EASTERN CAPE  
GAMBLING AND BETTING BOARD**

**APPLICATION FOR TRANSFER TO OTHER PREMISES**

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

**APPLICATION INSTRUCTIONS**

1. This application form is to be completed by any person who wishes to apply for a licence as a transfer to other premises.
2. 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.
3. Each application shall consist of the original master copy of this form and 12 (twelve) numbered copies of this completed application form and annexes thereto. In addition, two loose-leaf copies of the application must be submitted for public inspection, with the appropriate confidential information removed. The application will be deemed incomplete and will not be processed if the relevant copies are not included.
4. 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.
5. 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".
6. 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.
7. Sign each page of this form in the space provided, once you have checked your answers and are sure they are complete and correct.
8. 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.
9. Sign the Statement of Truth and all Release Authorisation Forms in the presence of a notary public and have both your signatures notarised.
10. An application fee of R1140,00 (incl. VAT) (R1 000,00 excluding VAT) is payable in respect of **each** new premises added or each transfer to a new premises.
11. In addition the Applicant shall, on submission of this application pay an investigation deposit of R1140,00 (incl. VAT) (R1000,00 excluding VAT). **IF THE DEPOSIT PROVES INSUFFICIENT NEW DEPOSITS MAY BE REQUIRED. SHOULD THE DEPOSIT PROVE MORE THAN SUFFICIENT AFTER INVESTIGATION COSTS ARE DEDUCTED, THE BALANCE WILL BE REFUNDED.**
12. THIS FORM SHALL **NOT** APPLY TO A CASINO LICENCE.

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

**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 a licence as a bookmaker is required to submit to searches without a warrant when present on licensed premises 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 administrating 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 FOR REMOVAL TO OTHER PREMISES**

I, \_\_\_\_\_ on behalf of the applicant hereby apply in terms of the Gambling and Betting Act, 1997 (Eastern Cape), for removal to other premises 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 business address \_\_\_\_\_  
\_\_\_\_\_

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

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

Telefax number \_\_\_\_\_

E-Mail address \_\_\_\_\_

For and on behalf of the applicant

\_\_\_\_\_  
Date

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

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

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

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

**APPLICATION FOR REMOVAL TO OTHER PREMISES**

Type of licence (i.e. bookmaker, totalisator, etc.):

---

Provide current licence number (if applicable):

---

Provide previous licence numbers (if applicable):

---

---

---

NAME AND REGISTRATION NUMBER OF ENTERPRISE

<hr/> *Name as appears on or in the certificate of incorporation, memorandum, articles, founding statement or other official document. DO NOT ABBREVIATE
---

TRADE NAME(S)

---

---

---

---

Person to be contacted with reference to these forms:

NAME	
TITLE	TELEPHONE NO. (INCLUDE AREA CODE)

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

**CURRENT PREMISES**

The principal business address of the enterprise:

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 addresses from which the enterprise is presently conducting business and for which the applicant is licensed:

**ADDRESS 1**

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

**ADDRESS 2**

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

**ADDRESS 3**

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

**ADDRESS 4**

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

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

**ADDRESS 5**

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

**ADDRESS 6**

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

**ADDRESS 7**

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

**ADDRESS 8**

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

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

**INTENDED PREMISES IF APPLICATION IS SUCCESSFUL**

The principal business address of the enterprise if the application is successful:

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 addresses from which the enterprise intends to conduct any business and for which the applicant is licensed:

**ADDRESS 1**

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

Existing premises      •                      New premises                      •

**ADDRESS 2**

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

Existing premises      •                      New premises                      •

**ADDRESS 3**

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

Existing premises      •                      New premises                      •

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

**ADDRESS 4**

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

Existing premises      •                      New premises                      •

**ADDRESS 5**

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

Existing premises      •                      New premises                      •

**ADDRESS 6**

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

Existing premises      •                      New premises                      •

**ADDRESS 7**

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

Existing premises      •                      New premises                      •

**ADDRESS 8**

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

Existing premises      •                      New premises                      •

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

A. State all other addresses currently occupied/held by the enterprise and all addresses from which the enterprise is currently conducting business.

NUMBER AND STREET	CITY	PROVINCE	POSTAL CODE

B. State all addresses, other than those listed above, which the enterprise occupied/held or from which it was conducting business 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

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

**ITEM 1. SITE LOCATION AND SIZE**

- A. Applicants shall describe the overall design of the proposed new premises in terms of:
- i its size and prominence in terms of location and visibility; and
  - ii nearby land uses.
- B. Site and locality plans, including a floorplan of the new premises indicating those portions on which gambling activities shall be conducted and which need to be licensed, shall be provided.
- C. Plans or maps showing how the gambling business fits into surrounding areas are to be provided.
- D. Details shall be provided regarding the current ownership of each of the new premises. Evidence of pre-contracts, guarantees or options regarding site availability shall be provided, together with any potential legal (e.g. potential land restitution claims) or physical impediments to site occupation and development.
- E. A copy shall be provided of any lease agreements for the lease of the new premises.
- F. Details of any persons having a financial interest of 5% or more in the lessor of the new premises shall be provided.
- G. The current status of negotiations in respect of the new land and/or buildings, if applicable, shall be disclosed.
- H. Local authority comments on land rights of the new premises shall be provided.
- I. The Board's development and design objectives for gambling enterprises will best be achieved by premises that provide for all facilities to be of a quality standard sufficient to satisfy the expectations of local citizens. This would include adequate public facilities.
- J. Applicants should summarise how their gambling business on those premises is likely to impact on the surrounding neighbourhood environment and land uses.

<p><b>NOTE:</b> For purposes of this item details of existing premises which are already licensed need not be supplied, only <b><u>new</u></b> premises for which a licence is required.</p>
--

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

**ITEM 2. 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 enterprise is a company, the president or any officer so authorised to attest.
- B. If the enterprise is a close corporation any member so authorised to attest.

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)

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 \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
Seal of Authority of Notary

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

**ITEM 3. 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 enterprise is a company, the president or any officer authorised to execute such a document and bind the company.
- B. If the enterprise is a close corporation any member authorised to execute such a document and bind the enterprise.

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 new premises.

Therefore, you are hereby authorised to release any and all information pertaining to the premises, 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.

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 \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
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 ENTERPRISE)

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
SIGNATURE

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

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

