

**EASTERN CAPE
GAMBLING AND BETTING BOARD**

FOR OFFICE USE ONLY

Application No.: _____

Applicant/Registrant: _____

Licence: _____

Application: ? Granted ? Refused

Registration No.: _____

PERSONAL HISTORY DISCLOSURE FORM

PERSONAL HISTORY DISLCOSURE FORM

1. This form is to be completed by:
 - (a) all applicants for employment to 'the Board';
 - (b) all directors of an applicant for a licence or registration in terms of the Act;
 - (c) in the case of a close corporation, all members thereof;
 - (d) all applicants for registration as key persons or gambling employees;
 - (e) all natural persons who hold any direct or indirect interest of 5% or more in the applicant;
 - (f) all persons who may exercise significant influence over the applicant; and
 - (g) any other persons required to do so by 'the Board'.
2. Read every question carefully before answering. Answer every question in full. If you fail to answer any questions or give incomplete answers, this form may be returned.
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.
4. All entries on this form, except initials or 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 that page.
5. This form is to be completed by the Person applying for a licence or registration to be issued by the Eastern Cape Gambling and Betting Board.
6. All Persons completing this application form must submit with it a fingerprint report (SAP 91(a)), which is obtainable at any police station, as well as a photograph, taken at most 10 days prior to the completion of this form.
7. foreign applicants or citizens residing outside South Africa must include a Police clearance certificate and certified translation from the Police authority in the jurisdiction in which they have been domiciled for the past 10 years.
8. The following documents relating to the person to whom this form relates must be attached -
 - (a) copy of identification document from pages (photograph and particulars);
 - (b) copy of passport pages (NON SA-RESIDENTS);
 - (c) copy of driver's licence (if any);
 - (d) copy of firearm licence(s) (if any).
9. The Affidavit (page 48) must be signed in the presence of a Commissioner of Oaths, whilst the Authorisation and Access to Tax Records forms (page 49 and 50 respectively) must be signed in the presence of two witnesses, who must also sign same.
10. If you need additional space to answer the questions, please use the pages provided. Be sure to indicate the number(s) of the questions(s) you are answering if you use this additional space.
11. All dates must be in the format: Day / Month / Year.
12. All amounts must be in South African Rands.

SIGNATURE: _____

13. 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.
14. One copy of this form and the annexures thereto must be submitted with the original.

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 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: _____

3. EMPLOYMENT:

Present employer _____

Supervisor _____

Employer's address _____

Your present job title and description of duties _____

Brief description of company's product or service _____

4. 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, work permit or passport Yes No

Other Yes No

(If yes, please specify) _____

If you are an alien:

List alien passport number: _____

Country of issue: _____

Port or place of entry into the Republic of South Africa: _____

Date of entry into the Republic of South Africa: _____

Include a certified copy of the passport page on which the work permit has been stamped.

SIGNATURE: _____

5. RESIDENCE INFORMATION

Beginning with your current residence(s) and working backwards, provide the following information about each residence you have occupied in the last five (5) years:

Date	Address (No., street, apartment, city, province and country)	Own/Rent	Name, address and telephone no. of landlord or mortgage holder, if any

If additional space is needed, attach an additional page.

SIGNATURE: _____

6. FAMILY INFORMATION

All applicants must disclose family information in full. Even though a relative is deceased, give all the information that is requested, including his or her last place of residence and the year of his or her death. Include stepchildren, half-brothers and half-sisters. If foster parents, legal guardians or others have raised you, the information to be furnished for them is the same as that for your real parents. If you are engaged to be married or are contemplating marriage in the near future, give full particulars about it, and indicate clearly that such relationship is being planned.

All forms not properly completed (e.g. incomplete date of birth) will be rejected and sent back for completion.

FATHER				
First name	Middle name	Surname	Nationality	
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				
MOTHER				
First name	Middle name	Maiden name	Surname	Nationality
Street address: _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				

SIGNATURE: _____

PATERNAL GRANDFATHER				
First name	Middle name	Surname	Nationality	
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				
PATERNAL GRANDMOTHER				
First name	Middle name	Maiden name	Surname	Nationality
Street address: _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				

SIGNATURE: _____

MATERNAL GRANDFATHER				
First name	Middle name	Surname	Nationality	
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				
MATERNAL GRANDMOTHER				
First name	Middle name	Maiden name	Surname	Nationality
Street address: _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				

SIGNATURE: _____

SPOUSE

First name _____ Middle name _____ Maiden name (If applicable) _____ Surname _____ Nationality _____

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

CHILD / STEPCHILD

First name _____ Middle name _____ Maiden name _____ Surname _____ Nationality _____

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

CHILD / STEPCHILD

First name _____ Middle name _____ Maiden name _____ Surname _____ Nationality _____

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

SIGNATURE: _____

CHILD / STEPCHILD			
First name	Middle name	Maiden name	Surname
Nationality _____			
Street address _____			
City _____		Province _____	
Date of birth _____	ID no. _____	Place of birth _____	
Occupation _____			
Business name _____			
Business address _____			
BROTHER			
First name	Middle name	Surname	
Nationality _____			
Street address _____			
City _____		Province _____	
Date of birth _____	ID no. _____	Place of birth _____	
Occupation _____			
Business name _____			
Business address _____			
BROTHER			
First name	Middle name	Surname	
Nationality _____			
Street address _____			
City _____		Province _____	
Date of birth _____	ID no. _____	Place of birth _____	
Occupation _____			
Business name _____			
Business address _____			

SIGNATURE: _____

SISTER

First name Middle name Maiden name Surname Nationality

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

FATHER-IN-LAW

First name Middle name Surname Nationality

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

MOTHER-IN-LAW

First name Middle name Maiden name Surname Nationality

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

SIGNATURE: _____

BROTHER-IN-LAW				
First name	Middle name	Maiden name	Surname	Nationality
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				
BROTHER-IN-LAW				
First name	Middle name		Surname	Nationality
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				
BROTHER-IN-LAW				
First name	Middle name	Maiden name	Surname	Nationality
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				

SIGNATURE: _____

SISTER-IN-LAW

First name Middle name Maiden name Surname Nationality

Street address

City Province

Date of birth ID no. Place of birth

Occupation

Business name

Business address

SISTER-IN-LAW

First name Middle name Surname Nationality

Street address

City Province

Date of birth ID no. Place of birth

Occupation

Business name

Business address

SISTER-IN-LAW

First name Middle name Maiden name Surname Nationality

Street address

City Province

Date of birth ID no. Place of birth

Occupation

Business name

Business address

SIGNATURE: _____

UNCLE

First name Middle name Maiden name Surname Nationality

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

UNCLE

First name Middle name Surname Nationality

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

UNCLE

First name Middle name Maiden name Surname Nationality

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

SIGNATURE: _____

AUNT				
First name	Middle name	Maiden name	Surname	Nationality
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				
AUNT				
First name	Middle name	Surname	Nationality	
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				
AUNT				
First name	Middle name	Maiden name	Surname	Nationality
Street address _____				
City _____		Province _____		
Date of birth _____	ID no. _____	Place of birth _____		
Occupation _____				
Business name _____				
Business address _____				

SIGNATURE: _____

FORMER SPOUSE

First name Middle name Maiden name (If applicable) Surname Nationality

Street address _____

City _____ Province _____

Date of birth _____ ID no. _____ Place of birth _____

Occupation _____

Business name _____

Business address _____

7. ACADEMIC INFORMATION

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

Dates From – To *	Name and address of educational institution	Last grade or term attended	Degree or certificate obtained

***Month / Year – Month / Year**

SIGNATURE: _____

8. MILITARY SERVICE

Have you ever served in a military organisation in any country or been an active or inactive member of the reserve forces of any country in the world?

Yes

No

If yes, branch of service: _____

Service serial number: _____

Highest rank held: _____

What was your type of discharge or separation from the military service? (e.g. honourable, dishonourable, honourable conditions, medical, etc.)

Where has your discharge been recorded?

Were you ever charged with any violation of the military or defence laws of any country?

Yes

No

If yes, give details of the charges and their outcome.

SIGNATURE: _____

9. DONATIONS

Contributions to political parties: (List all in Eastern Cape or any other jurisdictions for the last two (2) years.)

Party	Position	Amount	Date
_____	_____	R_____	_____
_____	_____	R_____	_____
_____	_____	R_____	_____
_____	_____	R_____	_____
_____	_____	R_____	_____
_____	_____	R_____	_____

10. MOTOR VEHICLE INFORMATION.

Complete the following table in respect of all personal vehicles currently registered in your name or the name or names of your spouse or the Persons residing with you. Include motor vehicles (cars, trucks, motor cycles, recreational vehicles), planes, boats, etc.

Year	Make and model	Licence number	Registered owner	Jurisdiction where registered

SIGNATURE: _____

11. DRIVER'S LICENCE INFORMATION

List all driver's/operator's/chauffeur's licences issued to you by any jurisdiction, which you have held during the last five (5) years.

Date issued	Licence number	Type of licence	Jurisdiction issuing licence	Expiry date of licence

12. FIREARM LICENCES

List all firearm licences currently issued to you by any jurisdiction.

Date Issued	Licence Number	Details of Firearm	Issuing Authority

SIGNATURE: _____

13. REFERENCES

Give three (3) references (not relatives, former or present employers, school teachers or college professors) who are responsible adults of reputable standing in their communities, such as professional or business women or men, property owners or public officials who have known you well for the past five (5) years. If retired, give former occupation.

1. Full name _____

Occupation _____ #Years acquainted _____

Home address _____

_____ Postal code _____

Business address _____

_____ Postal code _____

Home telephone _____ \ _____ Business telephone _____ \ _____

2. Full name _____

Occupation _____ #Years acquainted _____

Home address _____

_____ Postal code _____

Business address _____

_____ Postal code _____

Home telephone _____ \ _____ Business telephone _____ \ _____

3. Full name _____

Occupation _____ #Years acquainted _____

Home address _____

_____ Postal code _____

Business address _____

_____ Postal code _____

Home telephone _____ \ _____ Business telephone _____ \ _____

SIGNATURE: _____

Empty rectangular box for header information.

14. PAST EMPLOYMENT INFORMATION

Excluding your present employer, complete the table below in respect of each previous place of employment. Begin with the most recent and work backwards. Give details of periods of non-employment in proper sequence. Include all part-time and full-time employment for the last five (5) years.

Dates From – To *	Name and postal address of employer	Position and description of duties	Name of supervisor	Reason for leaving

*Month/Year – Month/Year

15. PROVIDE DETAILS OF ANY GAMBLING-RELATED LICENCES CURRENTLY OR PREVIOUSLY HELD.

Dates From – To *	Type of licence	Jurisdiction

*Month/Year – Month/Year

SIGNATURE: _____

16. PROVIDE DETAILS OF MEMBERSHIP OF ANY PROFESSIONAL BODY.

Dates From – To *	Type of licence	Jurisdiction

*Month/Year – Month/Year

17. HAVE YOU BEEN SUBJECTED TO DISCIPLINARY ACTION IN CONNECTION WITH EMPLOYMENT DURING THE LAST FIVE (5) YEARS?

Yes

No

If yes, provide details.

18. CIVIL PROCEEDINGS

Have you or your spouse ever been a party to a personal lawsuit?

Yes

SIGNATURE: _____

No

If yes, complete the following table.

Date	Name and address of court	Case number	Other parties to suit	Nature of suit	Outcome

19. DO YOU ANTICIPATE BEING A PARTY TO A LAWSUIT OR DOES YOUR SPOUSE OR ANY BUSINESS ENTITY IN WHICH YOU HOLD OR HAVE HELD AN OWNERSHIP INTEREST OR SERVED AS AN OFFICER OR A DIRECTOR ANTICIPATE BEING A PARTY TO A LAWSUIT?

Yes

No

If yes, provide details.

19.A HAVE YOU EVER BEEN NAMED PERSONALLY IN ANY LAWSUIT, INVOLVING ENTERPRISES, WHILE SERVING IN THE CAPACITY OF DIRECTOR, OFFICER OR MANAGER?

Yes

No

SIGNATURE: _____

If yes, provide details.

20. HAVE YOU EVER BEEN SUMMONED, SUBPOENAED, REQUESTED OR OTHERWISE REQUIRED 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 ANY BUSINESS ENTITY IN WHICH YOU HOLD OR HAVE HELD AN OWNERSHIP INTEREST EVER BEEN SO SUMMONED, SUBPOENAED, REQUESTED OR OTHERWISE REQUIRED TO TESTIFY?

- Yes
- No

If yes, state the name and address of the court or other agency involved, the nature of the proceedings, whether testimony was given and, if so, the dates on which the testimony was given.

21. HAVE YOU, TO THE BEST OF YOUR KNOWLEDGE, EVER BEEN THE SUBJECT OF AN INVESTIGATION CONDUCTED BY A GOVERNMENT INVESTIGATIVE AGENCY FOR ANY REASON OR HAS YOUR SPOUSE OR ANY BUSINESS ENTITY IN WHICH YOU HOLD OR HAVE HELD AN OWNERSHIP INTEREST EVER BEEN THE SUBJECT OF SUCH AN INVESTIGATION?

- Yes
- No

SIGNATURE: _____

If yes, state the name and address of the investigative agency, the nature of the investigation and the approximate period of time during which the investigation was in progress.

Date	Government agency	Nature of charge	Outcome

22. HAVE YOU EVER BEEN INVOLVED IN A BUSINESS RELATIONSHIP WITH ANYONE WHICH YOU LATER REGRETTED?

Yes

No

If yes, provide details.

23. HAVE YOU EVER BEEN ARRESTED, INDICTED FOR, CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENCE IN THIS PROVINCE OR IN ANY OTHER JURISDICTION OR HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY (AS SHOWN IN SECTION 1 OF THIS APPLICATION) EVER BEEN SO ARRESTED, INDICTED, CHARGED OR CONVICTED?

Yes

No

SIGNATURE: _____

If yes, complete the following table.

Date	Name	Nature of charge or conviction	Name and address of government agency or court involved	Outcome

24. HAVE YOU EVER BEEN NAMED AS AN UNINDICTED PARTY OR CO-CONSPIRATOR IN ANY CRIMINAL PROCEEDING IN THIS PROVINCE OR IN ANY OTHER JURISDICTION OR HAS ANY MEMBER OF YOU IMMEDIATE FAMILY (AS SHOWN IN SECTION 1 OF THIS APPLICATION) EVER BEEN SO NAMED?

- Yes
- No

If yes, complete the following table:

Date	Name	Name and address of government agency involved	Nature of proceedings

25. HAVE YOU EVER RECEIVED A PARDON OR HAD A RECORD EXPUNGED OR SEALED FOR ANY CRIMINAL OFFENCE IN THIS PROVINCE OR IN ANY OTHER JURISDICTION, OR HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY (AS SHOWN IN SECTION 1 OF THIS APPLICATION) EVER BEEN SO PARDONED OR HAD A RECORD SO EXPUNGED OR SEALED?

- Yes
- No

SIGNATURE: _____

If yes, complete the following table:

Name	Name and address of pardoning authority	Date of pardon	Offence for which pardon received	Reason for pardon

26. HAVE YOU EVER SUSTAINED EITHER A PERSONAL OR A BUSINESS LOSS, WHERE AN INSURANCE PAYMENT OF MORE THAN R20 000 WAS RECEIVED?

- Yes
- No

If yes, provide details.

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27. HAVE YOU OWNED PROPERTY OR A BUSINESS WHICH WAS DESTROYED BY FIRE OR AN EXPLOSION?

- Yes
- No

SIGNATURE: _____

If yes, provide details.

28. GAMBLING INTEREST AND LICENSING INFORMATION

(i) Have you ever been investigated by or made application to, or been licensed by any gambling board or commission?

Yes

No

If yes, complete the following table:

Date of application or investigation	Name and address of gambling agency	Type of licence	Outcome of application (approved, rejected, withdrawn)	Licence number

(ii) Have you ever received, or made application to a licensing agency for, any permit, licence, certificate or qualification for the sale or distribution of alcoholic beverages in this Province or any other jurisdiction?

Yes

No

SIGNATURE: _____

If yes, complete the following table:

Date of application	Name and address of licensing agency	Type of licence	Outcome of application (approved, rejected, withdrawn)	Licence number

(iii) Are you related to, or linked, acquainted or involved with anyone whom you know to be or have reason to believe is, involved in some kind of organised criminal activity?

- Yes
- No

If yes, provide details.

(iv) Do you have any ownership interest or financial investment in any business entity which is making application to or is licensed by the Eastern Cape Gambling and Betting Board?

- Yes
- No

SIGNATURE: _____

If yes, state the name of the business entity, the nature and amount of your interest or investment and the percentage of ownership in the business entity which your interest or investment represents.

Complete the table below in respect of each Person or business entity that has advanced, or which you anticipate will advance, money or anything else of value to assist you or your business entity in financing the investment or interest identified in the previous question.

Name and address of person or entity	Relationship with applicant	Nature of advance	Amount of advance	Terms of the advance

(v) Do you anticipate active involvement in the management or operation of the entity to be licensed?

- Yes
- No

If yes, describe the extent and nature of the involvement you anticipate.

SIGNATURE: _____

(vi) Do you hold or have you ever held a financial or an ownership interest in any gambling venture?

Yes

No

If yes, describe every such interest.

Empty rectangular box with two horizontal lines for text entry.

29. TAX INFORMATION

(i) Have you filed your income tax returns for the three (3) years prior to this application?

Yes

No

If yes, attach copies of returns and supporting schedules covering those three (3) years.

If no, give explanation:

Empty rectangular box with two horizontal lines for text entry.

(ii) Have you ever been delinquent in paying any financial obligations to any Taxing authority?

Yes

No

SIGNATURE: _____

If yes, complete the following table:

Date filed	Docket number	Name and address of court	Name and address of filing party	Name and address of trustee

32. DO YOU OWN OR CONTROL ANY ASSETS OR LIABILITIES LOCATED OUTSIDE YOUR COUNTRY OF RESIDENCE?

- Yes
- No

(Provide details under questions 32 and 33: Statement of assets and liabilities)

33. DO YOU CONTROL, MANAGE OR HOLD IN TRUST ANY ASSETS OR LIABILITIES FOR ANOTHER PERSON OR ENTITY?

- Yes
- No

SIGNATURE: _____

**PERSONAL FINANCIAL STATEMENT OF APPLICANT
AS ON DATE OF THIS APPLICATION
(USE THIS FORM)**

STATEMENT OF ASSETS AS ON.....19...

34. (LIST ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE, IN THE APPROPRIATE SPACES BELOW. ENTER THE AMOUNTS AS ON THE DATE OF THIS STATEMENT. STATEMENT DATE TO BE AS RECENT AS POSSIBLE AND WITHIN THE PAST 30 DAYS.)

Each listed asset must be described fully on the appropriate attached schedule.

<u>ASSETS:</u>	Relevant Person (Rands)	Spouse (Rands)
Cash on hand (give details of all currency held)	_____	_____
Cash in bank (Schedule A)	_____	_____
Accounts and notes receivable (Schedule B)	_____	_____
Bonds (Schedule C)	_____	_____
Business investments (Schedule D)	_____	_____
Real estate (Schedule E)	_____	_____
Other assets (Schedule F)	_____	_____
Total Assets	_____	_____

All amounts must be expressed in South African Rand.

SIGNATURE: _____

STATEMENT OF LIABILITIES AS ON.....19...

35. (LIST ALL LIABILITIES, BOTH TANGIBLE AND INTANGIBLE IN THE APPROPRIATE SPACES BELOW. ENTER THE AMOUNTS AS ON THE DATE OF THIS STATEMENT. STATEMENT DATE TO BE AS RECENT AS POSSIBLE AND WITHIN THE PAST 30 DAYS.)

Each listed liability must be described fully on the appropriate attached schedule.

<u>LIABILITIES:</u>	Relevant Person (Rands)	Spouse (Rands)
Accounts payable (credit card, etc.)	_____	_____
	_____	_____
Taxes payable	_____	_____
	_____	_____
Unsecured loans (Notes payable) (Schedule G)	_____	_____
	_____	_____
Secured loans (Mortgages) (Schedule H)	_____	_____
Other liabilities (Schedule I)	_____	_____
	_____	_____
TOTAL LIABILITIES	_____	_____
NET WORTH (Total assets minus total liabilities)	_____	_____
Contingent liabilities (Schedule J)	_____	_____

All amounts must be expressed in South African Rand.

SIGNATURE: _____

36. ARE YOU A LESSEE OR LESSOR OF ANY PROPERTY?

Yes

No

If yes, description of property:

Lease agreements

Location and description and Erf numbers	State whether lessee or lessor	Rental amount	Period of lease	Current value of property, if lessor	Landlord's Reference

SIGNATURE: _____

37. IDENTIFY ANY DORMANT COMPANIES IN WHICH YOU HAVE OR HAVE HAD A DIRECT OR AN INDIRECT OWNERSHIP INTEREST.

38. IDENTIFY ANY FAILED OR ABANDONED BUSINESS PROJECTS WHERE YOU WERE A SIGNIFICANT INVESTOR OR PLANNER.

SIGNATURE: _____

SCHEDULE A

Cash in Bank

List below all accounts, both foreign and domestic, which are maintained by you and your spouse. Indicate, by means of an as are held by your spouse. Please attach a copy of the statement reflecting the account balances as per this schedule.

NAME AND ADDRESS OF FINANCIAL INSTITUTION	NAME(S) OF PERSON(S) APPEARING ON ACCOUNT	ACCOUNT NO.	DATE OPENED	INTEREST RATE	TYP. ACCO

SIGNATURE: _____

SCHEDULE B

Accounts receivable

List below all accounts receivable which are held by you and your spouse. Indicate, by means of an asterisk (*) in the first column, if the account is held by your spouse.

Name and address of debtor	Date debtor incurred the debt	Original amount	Unpaid balance	Payment terms	Interest rate

*Note: Give full details if the loan or other facility was not given on usual commercial terms. If not, please specify.

SIGNATURE: _____

SCHEDULE C

Stocks and bonds

List the information requested for all stocks and bonds held or controlled by you, your spouse or your dependent children through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed. Wherever such information is held in a trust, the stocks and bonds held in such trust must be listed if you, your spouse or your dependent children who have knowledge of the same. **INDICATE PUBLICLY TRADED STOCKS AND BONDS BY MEANS OF AN ASTERISK(*).** Indicate by means of a checkmark (✓) if the stocks and bonds held by your spouse or dependent children.

Issuer	Type	No. of shares or units	Purchase price	Date of purchase	Name in which held

SIGNATURE: _____

SCHEDULE D

Business investments

List the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is children, along with the names of all individuals or entities who share a direct, an indirect, a vested or a contingent interest there to, joint ventures, partnerships, sole proprietorships and corporations.

Entity name	Type of entity	No. of shares or units	Percentage of ownership	Purchase price	Date of purchase	Name in held

SIGNATURE: _____

SCHEDULE E

Real estate

List the information requested regarding any real estate in which any direct, indirect, vested or contingent interest is held by you individuals or entities who share a direct, an indirect, a vested or a contingent interest therein.

Address/Location and Erf Numbers	Zoning	Size	Purchase price/ Improvements at cost	Date of purchase	Other owners	Ownership percentage

SIGNATURE: _____

SCHEDULE F

Other assets

List the information requested for all other assets held by you or your spouse. Indicate by means of an asterisk (*) in the first column if the asset is held by your spouse (i.e. cars, personal property, cash, surrender value of life insurance policies, pension plans, etc.)

Type of asset	Purchase price	Date of purchase	Market value

*Note: Indicate any amounts outstanding if assets were acquired by any credit agreement.

SIGNATURE: _____

SCHEDULE G

Unsecured loans

List the information requested for all unsecured loans payable for which you or your spouse or your dependent children are liable. In the first column, list those unsecured loans for which you or your spouse or dependent children are liable.

Name and address of creditor	Date incurred	Original amount	Unpaid balance	Payment and period	Interest rate

*Note: Give full details if the loan or other facility was not given on usual commercial terms. If not, please specify.

SIGNATURE: _____

SCHEDULE H

Secured loans

List the information requested for all secured loans payable for which you or your spouse or your dependent children are liable. first column, those secured loans for which your spouse or dependent children are liable.

Name and address of creditor	Date incurred	Original amount	Unpaid balance	Payment terms	Interest rate	Ranking secured

SIGNATURE: _____

SCHEDULE I

Other liabilities

List the information requested in respect of any other indebtedness for which you or your spouse or dependent children are obligated in the first column, those liabilities for which your spouse or dependent children are obligated.

Name and address of creditor	Date incurred	Original amount	Unpaid balance	Payment terms	Interest rate	Maturity date

SIGNATURE: _____

SCHEDULE J

Contingent liabilities

List the information for all contingent liabilities for which you or your spouse or dependent children are obligated. Indicate, by those contingent liabilities for which your spouse or dependent children are obligated.

Name and address of creditor	Date incurred	Original amount	Unpaid balance	Payment terms	Interest rate	Maturity date

SIGNATURE: _____

AFFIDAVIT

I, <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>

(Full names)

do hereby make oath and say that:

- (a) I have taken cognisance of and understand the rights and duties pertaining to the Licence applied for, as set out in the Eastern Cape Gambling and Betting Law, 1996, and the Eastern Cape Gambling and Betting Regulations, 1997;
- (b) I am the Person identified in this form;
- (c) I have personally completed this form and have supplied all the information indicated herein; and
- (d) the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

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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/affirmed * before me at _____ on this ____ day of _____, _____.

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COMMISSIONER OF OATHS

*Note: Delete what is not applicable

SIGNATURE: _____

AUTHORISATION FOR EXAMINATION AND RELEASE OF INFORMATION

TO: All courts, probation departments, employers, educational institutions, banks, financial and other institutions and/or any tax authority whether located within South Africa or in any foreign jurisdiction, Credit Bureau, Law Agencies, all other agencies and institutions, both foreign and domestic, and to whomsoever else this authorisation may be duly presented.

FROM: _____
 (Surname) (First Names)

_____ (Address)

Date of birth: ____/____/____ Telephone: (____) _____

ID no.: _____ Passport no.: _____

I HEREBY AUTHORISE the Chief Executive Officer of the Eastern Cape Gambling and Betting Board or any person authorised by an original letter of authority signed by the Chief Executive Officer (a n “authorised delegate”), to have access to, in order to inspect, and to obtain copies of -

- (a) any credit report, financial report or other report of all entities in which I have a financial or personal interest, or legal or personal information derived fro m those reports which has any bearing on my creditworthiness, credit history, credit standing or credit capacity;
- (b) any loan information, cheque account records, savings deposit records, safety deposit box records, savings book records and bank statement she ets 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, or any other relevant government agencies;
- (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 record or correspondence relating to me, and
- (f) any other document, record or correspondence pe rtaining to me.

You are HEREBY AUTHORISED to release to the Chief Executive Officer of the Eastern Cape Gambling and Betting Board or an authorised delegate all the documents, reports and information contemplated above 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.

Dated at _____ this _____ day of _____, _____.

 Signature

Witness 1: _____ Witness 2: _____

Signature: _____ Signature: _____

 (Name of witness) (Name of witness)

Place: _____

SIGNATURE: _____

ACCESS TO TAX RECORDS

I am aware that the confidentiality of income tax returns is protected by law. I undertake, upon request by the Eastern Cape Gambling and Betting Board (“the 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 me, such of those records as may be requested by the Board and to place the Board in possession thereof for the purposes of the consideration of this application.

Taxpayer’s Signature

Date

Full Names

Address

City, Province/State, postal code

Income Tax Number

Identity Document Number

Employer Identification number (if applicable)

Witness 1:
Signature: _____

Witness 2:
Signature: _____

(Name of witness)

(Name of witness)

SIGNATURE: _____

