

**EASTERN CAPE
GAMBLING AND BETTING BOARD**

FOR OFFICE USE ONLY

Application No.: _____

Applicant/Registrant: _____

Licensee: _____

Application: Granted Refused

Registration No.: _____

**DECLARATION OF AMENDMENTS TO INFORMATION
SUPPLIED**

SIGNATURE: _____

INSTRUCTIONS

1. This declaration is to be completed by any person who is registered with the Board as a key person or gambling employee registration and who wishes to inform the Board of material changes to his/her personal details.
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 declaration shall consist of the original master copy of this form and 2 (two) copies of this completed declaration and annexures thereto. The application will be deemed incomplete and will not be processed if the relevant copies are not included.
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 form in the presence of a commissioner of oaths.
9. In the case of changes of marital status or changes of name a copy of the deponent's identity book must accompany this form.

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. 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 willfully unlawful disclosure or publication, pursuant to section 76 of the Eastern Cape Gambling and Betting Act.

SIGNATURE: _____

**DECLARATION OF NO SUBSTANTIAL AMENDMENTS TO
INFORMATION SUPPLIED**

Present full names _____

Amended full names
(if applicable) _____

Registration Number _____

Place where employed _____

Position held _____

Identity number _____

PLEASE NOTE:

Two photographs of the applicant
must accompany this form.

SIGNATURE: _____

AFFIDAVIT

I, _____

(Full names)

do hereby make oath and say that:

- (a) I have taken cognisance of and understand the rights and duties pertaining to the registration applied for, as set out in the Gambling and Betting Act, 1997 (Act No. 5 of 1997) (Eastern Cape), 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.

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.
- (iv) I confirm that the photographs hereon are a true resemblance of the deponent.

This declaration was sworn to/affirmed * before me at _____ on this ____ day of _____, _____.

COMMISSIONER OF OATHS

*Note: Delete what is not applicable

SIGNATURE: _____