

**EASTERN CAPE  
GAMBLING AND BETTING BOARD**

**FOR OFFICE USE ONLY**

DATE RECEIVED: .....

**APPROVED / DISAPPROVED**

APPLICATION FEE PAID  
R .....

REGISTRATION NO.: .....

SIGNED : .....

PLAQUE TO BE FIXED:      YES / NO

PLAQUE-FIXING FEE PAID      R .....

**APPLICATION FOR REGISTRATION OF A GAMBLING  
MACHINE / TRANSFER OF REGISTRATION OF A GAMBLING  
MACHINE**

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

**APPLICATION FOR GAMBLING MACHINE REGISTRATION /  
TRANSFER OF REGISTRATION (DELETE ONE)**

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I/We hereby apply in terms of the Gambling and Betting Act, 1997 (Act No. 5 of 1997) (Eastern Cape) ("the Act") for **registration / transfer of registration** (DELETE ONE) of the gambling machine contemplated in the Rules issued in terms of section 65 of the Act ("the Rules") and confirm being aware of an understanding the provisions of the said Act and the Regulations and Rules made thereunder, insofar as they pertain to this application.

1. Full Name of Applicant: .....
2. Business address of Applicant: .....  
.....
3. Postal address of Applicant: .....  
.....
4. Telephone Number: (Code)..... (Number).....
5. Telefax Number: (Code)..... (Number).....
6. Casino / gambling machine site licence number or section 61 licence number (if applicable): .....
7. Make of machine: .....
8. Model of machine: .....
9. Bill Validator make and serial number: .....  
.....
10. Serial number of machine: .....
11. Game type: .....
12. Maximum bet: .....
14. Manufacturer's serial number: .....
13. SABS certificate number: .....
15. Electricity voltage: .....
16. Existing Board registration number (if applicable): .....
17. Is an existing plaque fixed to the machine : **Yes / No** (DELETE ONE)
18. Does the machine comply with all safety and other standards set down? **Yes / No** (DELETE ONE)

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



**CERTIFICATION**

I, .....(full name of declarant)  
of .....(address of declarant)  
certify that :-

- 1. I am the **applicant / authorised to represent the applicant** (delete one) identified in question 1 of the attached application.
- 2. I have personally completed the attached application or have supplied all the information required.
- 3. To the best of my knowledge and belief, the information supplied in the attached application is true and correct in every detail and all information required to complete the attached application has been disclosed.
- 4. The applicant undertakes to provide the Board with such further information, explanations or documentation as the Board may require to complete its investigation.

Signed at ..... on .....

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE OF WITNESS**

\_\_\_\_\_  
**NAME OF WITNESS (PRINT)**

\_\_\_\_\_  
**ADDRESS OF WITNESS**

**I AGREE TO THE ABOVE TRANSFER OF REGISTRATION**  
(DELETE IF NOT APPLICABLE)

\_\_\_\_\_  
**SUPPLIER (IF APPLICABLE)**

**FULL NAMES:**  
\_\_\_\_\_

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