



APPLICATION FOR A KEY EMPLOYEE LICENCE

PERSONAL HISTORY DISCLOSURE

Tick the appropriate box to indicate for which licence application is made:

Table with 2 columns: Licence type (e.g., A NEW Casino Key Employee licence) and a checkbox column.

Details of applicant:

Table with 2 columns: Field name (Full name of applicant, Name of Employer, Position applied for, Date of completion of form) and a text input field.

All correspondence to be addressed to:

The Chief Executive Officer
P O Box 8175
ROGGEBAAL, 8012
Republic of South Africa

Telephone no : 27-21-480 7400
Web site: www.wcgrb.co.za

Table with 2 columns: FOR OFFICE USE ONLY and REFERENCE NUMBER.



**STANDARD PROTECTION OF PERSONAL INFORMATION ACT, ACT 4 OF 2013 ("POPIA)  
NOTIFICATION FOR APPLICANTS SUBMITTING ONLINE APPLICATIONS FOR GAMBLING  
LICENCES OR OTHER REGULATORY APPROVALS**

In terms of POPIA, where a person processes another's personal information, then the person or entity processing another's personal information may only do so if such processing is lawful, legitimate and responsible and is done in accordance with the provisions of POPIA.

In accordance with the powers conferred on the WCGRB in terms of the Western Cape Gambling and Racing Act, 1996 and the National Gambling Act, 2004, the WCGRB must process your licence application and conduct the requisite probity investigation to determine your suitability.

In order to comply with POPIA, the WCGRB must provide persons whose personal information is processed with a number of details pertaining to such processing, before such information is processed. These details are housed under the **WCGRB Processing Notices** on the WCGRB website (<https://www.wcgrb.co.za/notices>) and should be accessed and read.

By submitting your application for a licence / certificate / other regulatory approval, you consent to the WCGRB to collect, process and retain your personal information to give effect to the Board's statutory mandate.

**Applicant Signature** \_\_\_\_\_



## APPLICATION INSTRUCTIONS

**NOTE: This form is to be completed by persons who will be employed or rendering key employees functions and / or services to the licensee specified on the covering page hereof.**

1. **Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.**
2. **Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information required, your application may be rejected by the Board.**
3. If there is nothing to disclose about a particular question, write "None" in the space provided. If an alteration is made to an answer, sign in full next to the alteration.
4. All answers on this form, except 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 each page.
5. **This application form must be completed by the person applying for a key employee licence** to be issued by the Western Cape Gambling and Racing Board ("Board"). Return the completed form to the Chief Executive Officer, Western Cape Gambling and Racing Board, PO Box 8175, ROGGEBAAI, 8012, Republic of South Africa or, if by hand, 100 Fairway Close, PAROW, 7500, Republic of South Africa.
6. The original completed application form and all the additional required information, **including all supporting documentation**, must be submitted to the Board.
7. All South African applicants completing this form must enclose with the application form a **credit report and a criminal record check report** from approved registered providers as well as a **SAPS69 report** if the applicant has a criminal record or is awaiting trial. Each foreign national completing this form must enclose with it a credit report from an approved registered service provider and a police clearance certificate or the equivalent from his/her country of origin.
8. All applicants resident **in South Africa** must attach certified true and legible copies of their tax assessments for the three years directly preceding the date of this application as well as a tax clearance certificate. All applicants resident **outside of South Africa** must attach copies of tax returns and assessments for such period and / or a **tax clearance certificate** or the equivalent from the country of origin.
9. The original application form must be accompanied with a photograph of the applicant taken **not more than one month** before the submission of this application form.
10. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions. Do not change the current page numbers of the application form. If there is not enough space on the schedules for the financial information for you, your spouse, common law spouse or your partner, the information must be given on additional pages in the same format as the relevant schedules.
11. All amounts must be in South African Rands. When converting from a foreign currency to South African Rand or where documents are included which reflect foreign currencies, convert at and quote the current exchange rate with respect to South African Rand as at the **date of the Statement of Assets and Liabilities**.
12. All dates must be in the format: **Day / Month / Year**.

**Applicant Signature** \_\_\_\_\_



**1. APPLICANT**

Surname			Maiden name <small>(If applicable)</small>	
Full names				
ID number *				
Date of birth		Place of birth		
Passport number		Social Security number <small>(if applicable)</small>		
Home address				
Suburb		Town		
Country		Postal Code		
Telephone number	Home	Office	Cellular phone	
	( )	( )		
E-mail address				
Details of any legal name changes				

*\* Attach a certified copy of all pages of ID document and / or ID card*

**2. PHOTOGRAPH**

<p><b>Please note:</b></p> <p>1. Your name and address must be printed on the back of the photograph.</p> <p>2. Photograph must be taken not more than 3 months before submission of this application.</p> <p>3. Do not paste the photograph onto this form. Please use a stapler.</p>	Date of photograph	
	The attached photo is a true resemblance of:	
	(Name of applicant)	
	<b>COMMISSIONER OF OATHS</b>	

**Applicant Signature** \_\_\_\_\_



### 3. CITIZENSHIP

	Yes	No
I am a native-born citizen of the Republic of South Africa		
I am a naturalised citizen of the Republic of South Africa		
I am a foreign national on a visa or work permit or refugee permit		
I am a foreign national with a permanent residence permit		

If you are a foreign national, provide the following information:

Passport number *	
Country of issue	
Date of issue	
Port or place of entry into the Republic of South Africa	
Date of entry	

*\* Attach a certified copy of all pages of your passport ensuring that all visa, work permit, refugee permit or permanent residence entries are clearly legible*

### 4. FAMILY INFORMATION

All applicants must disclose family information in full.

#### MARITAL STATUS OF APPLICANT *(Tick the appropriate box)*

Married in community of property*	
Married out of community of property (ante-nuptial contract) **	
Registered Customary Marriage	
Common Law Spouse	
Partner	
Single	
Divorced***	
Widow / Widower	

*\*If you are married in community of property and have a financial interest of 5% or more in a Licensee, your spouse is required to complete an affidavit (LA 18 form) which must be enclosed with this application.*

*\*\*Attach a copy of your ante-nuptial contract.*

*\*\*\*Attach proof to confirm your divorce.*

Applicant Signature \_\_\_\_\_



**Details of spouse / common law spouse / partner**

Surname		Maiden name <small>(If applicable)</small>	
Full names			
ID number			
Date of birth		Place of birth	
Passport number		Social Security number <small>(if applicable)</small>	
Home address			
Suburb		Town	
Country		Postal Code	
Telephone number	Home	Office	Cellular phone
	( )	( )	
Date of marriage/co-habitation			
Name of current employer			
Name of previous employer			

**CHILD / STEP-CHILD**

Surname		Maiden name <small>(If applicable)</small>	
Full names			
ID number			
Date of birth		Place of birth	
Passport number		Social Security number <small>(if applicable)</small>	
Home address			
Suburb		Town	
Country		Postal Code	
Telephone number	Home	Office	Cellular phone
	( )	( )	
Names & registration numbers of all trusts of which child / step-child is a beneficiary:			
<i>Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question</i>			
Name of current employer			
Name of previous employer			

**Applicant Signature** \_\_\_\_\_



**CHILD / STEP-CHILD**

Surname		Maiden name <small>(If applicable)</small>	
Full names			
ID number			
Date of birth		Place of birth	
Passport number		Social Security number <small>(if applicable)</small>	
Home address			
Suburb		Town	
Country		Postal Code	
Telephone number	Home	Office	Cellular phone
	( )	( )	
Names & registration numbers of all trusts of which child / step-child is a beneficiary:			
<i>Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question</i>			
Name of current employer			
Name of previous employer			

**CHILD / STEP-CHILD**

Surname		Maiden name <small>(If applicable)</small>	
Full names			
ID number			
Date of birth		Place of birth	
Passport number		Social Security number <small>(if applicable)</small>	
Home address			
Suburb		Town	
Country		Postal Code	
Telephone number	Home	Office	Cellular phone
	( )	( )	
Names & registration numbers of all trusts of which child / step-child is a beneficiary:			
<i>Attach certified copies of Trust Deeds in respect of all Trusts disclosed in response to this question</i>			
Name of current employer			
Name of previous employer			

**Applicant Signature** \_\_\_\_\_



5. ACADEMIC INFORMATION

5.1. Complete the table below in respect of each high school, trade school, college, technikon, university or any other tertiary institution you have attended.

Table with 4 columns: Date (Yr to Yr), Name and address of academic institution, Last grade / standard / term, Degree or certificate obtained. The table is currently empty.

Attach certified copies of all tertiary qualifications obtained

5.2. Have you ever been suspended or expelled from any tertiary academic institution?

Form with 'Yes' and 'No' options and a selection bar. The 'No' option is currently selected.

If "yes", complete the following table:

Table with 4 columns: Date, Specify whether suspended (and period of suspension) or expelled, Name of academic institution, Reason. The table is currently empty.

6. EMPLOYMENT INFORMATION

Including your present employer, complete the table below in respect of each place where you have been employed. Begin with your present employment and work backwards to the year when you started to work, including periods of non-employment. The employment history, with the non-employment periods, should chronologically follow the academic history.

Applicant Signature \_\_\_\_\_





Date (Yr to Yr)	Name of employer	Job title	Name of supervisor	Reasons for leaving*

*\*Indicate if resigned, dismissed, retrenched and / or specify the reason for the termination of services. Refrain from reflecting the reason as personal. If dismissed, please attach to this application reasons and details of the dismissal.*

**7. DISCIPLINARY ACTIONS**

Have you been subjected to any disciplinary action in connection with your employment during the last **five** years?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

If yes, provide details


**8. DRIVER'S LICENCE INFORMATION**

List all driver's licences issued to you by any jurisdiction, which you have held during the last **five** years.

Date issued	Licence number	Type of licence	Issuing jurisdiction	Expiry date of licence

*Attach certified a true and legible copy of your driver's licence*

**Applicant Signature** \_\_\_\_\_



9. CIVIL PROCEEDINGS

9.1. Have you, your spouse, common law spouse or partner ever been party to a civil matter before the courts?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

If yes, provide details in the table below.

Date	Name of court	Case number	Other parties to lawsuit	Nature of lawsuit	Outcome of lawsuit

9.2 Have any civil judgments against yourself, spouse or partner ever been rescinded?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

If yes, provide details below:


Attach certified legible copy of the rescission order

9.3 Has a civil judgment ever been noted or taken against you in respect of debt or have you ever been listed by any credit bureau or subjected to any type of judicial management such as a garnishee or administration order?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

Applicant Signature \_\_\_\_\_



If yes, provide details below (specify current status of the debt, the balance thereof, and attach a certified copy of any repayment agreements entered into in respect of the debt):

Empty table for providing details of debt.

Attach a certified legible copy of the garnishing / administration order / debt review order

10. PARTY TO LEGAL PROCEEDINGS

Are you, your spouse, common law spouse or partner sited as a party in legal proceedings or is any business entity in which you hold or have held an ownership interest or served as an officer or director cited to be a party to a lawsuit?

Yes No radio button selection box.

If yes, provide details below:

Empty table for providing details of legal proceedings.

11. PREVIOUS LAWSUITS

Have you, your spouse, common law spouse or partner ever been named personally in any lawsuit, involving any business, while serving in the capacity of director, member, officer or manager?

Yes No radio button selection box.

Applicant Signature \_\_\_\_\_



If yes, provide details below:


12. SUMMONSES and SUBPOENAS

Have you ever been summonsed, subpoenaed, requested or otherwise required to appear or 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 where an admission of guilt fine was payable WITHOUT the obligation to appear in Court, or has your spouse, common law spouse, partner or any business entity in which you hold or have held an ownership, interest ever been so summonsed, subpoenaed, requested or otherwise required to appear or to testify?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

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


13. INVESTIGATIONS

Have you ever been the subject of an investigation conducted by a government investigative agency or any other agency for any reason or has your spouse, common law spouse or partner or a business entity in which you hold or have held an ownership interest, been the subject of such an investigation during the past ten years?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

Applicant Signature \_\_\_\_\_



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

Empty table for providing details of the investigative agency and investigation.

14. PRIVATE BUSINESS RELATIONSHIPS

List all private business relationships (i.e. private companies, partnerships, sole proprietorships, joint ventures, trusts etc.) with which you, your spouse, common law spouse or partner is/are involved below:

Table with 4 columns: Dates (Yr to Yr), Name of Business, Name of other parties involved, Nature of business relationship.

15. CRIMINAL OFFENCES

Have you ever been arrested for, charged with, or convicted of a criminal offence or has any member of your immediate family (as contemplated in Question 4 of this application) ever been so arrested, charged or convicted? Prior to answering this question, carefully study the definitions provided and the instructions given below. For the purposes of this question:

“Offence” includes all common law and statutory crimes, misdemeanours and felonies, regardless of their classification, and includes criminal cases in respect of which an admission of guilt fine was payable WITHOUT an obligation to appear in Court.

“Charge” includes any indictment, complaint, information, summons or other notice relating to the alleged commission of any offence.

Where the applicant has been charged, as defined above, an answer of “yes” must be given and all the relevant information required by this question provided to the best of your ability, even if –

- the applicant did not commit the offence charged;
→ the charge was withdrawn or dismissed;

Applicant Signature \_\_\_\_\_



- the prosecution was abandoned or stopped;
- the applicant was not convicted; or
- the charges or alleged offences to which they related were brought more than ten years ago.

**Also provide complete details in respect of pending court cases** and the date of the next court appearance. If the records relating to the charges have been expunged by a court order, answer “no” and attach a certified copy of the expunction order to this application, labeling it “Attachment to Question 15”.

Yes			No	
-----	--	--	----	--

If yes, complete the table below:

Date	Name and relationship	Nature of charge or conviction	Name of court	Outcome of case & sentence (If convicted indicate the period of imprisonment and /or the amount of the fine paid)

*Attach proof of the charges that have been withdrawn.*

***Please note:*** South African applicants must enclose with the application form a SAPS69 report if the applicant has a criminal record or is awaiting trial. Each foreign national completing this form must enclose with it a police clearance certificate or the equivalent from his/her country of origin.

**16. INVOLVEMENT IN CRIMINAL PROCEEDINGS**

Have you ever been called as a witness in any criminal proceeding or has any member of your immediate family (as contemplated in Question 4 of this application) ever been involved in such criminal proceedings?

Yes			No	
-----	--	--	----	--

**Applicant Signature** \_\_\_\_\_



If yes, complete the table below:

Date	Name and relationship	Name of court	Nature of proceedings and involvement

17. PARDONS

Have you ever received a pardon or had a record expunged or sealed in respect of any criminal offence or has any member of your immediate family (as contemplated in Question 4 of this application) ever been so pardoned or had a record so expunged or sealed?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

If yes, complete the table below:

Date	Name	Name & address of Executive authority	Offence for which pardon was received	Reason for pardon

Attach a certified and legible copy of the pardon or expunction order

18. CRIMINAL CONNECTIONS

Are you related to or connected or acquainted or involved with anyone whom you know to be or have reason to believe, is involved in some kind of illegal or criminal activity?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

If yes, provide details below:


Applicant Signature \_\_\_\_\_



19. INSURANCE

19.1. Have you ever sustained either a personal or business loss in respect of which an insurance payment of more than R500 000 or the equivalent thereof was paid to you?

Yes		No	
-----	--	----	--

If yes, provide details below including the name of the insurance company, the insurance broker, the number of the insurance policy and the claim number.


19.2 Have you ever owned property or a business which was damaged or destroyed by fire?

Yes		No	
-----	--	----	--

If yes, provide details below including the name of the insurance company, the insurance broker, the number of the insurance policy and the claim reference.


19.3. Have you ever ceded an insurance policy?

Yes		No	
-----	--	----	--

If yes, provide details below, including the policy number, to whom ceded and for what reason.


Applicant Signature\_\_\_\_\_





20. GAMBLING LICENCES AND ACTIVITIES

20.1. Provide details below of all current or pending or expired gambling-related licences (excluding licences issued by the Western Cape Gambling and Racing Board):

Date of application	Name of jurisdiction	Type of licence	Status of licence (current / pending / expired, etc.)	Licence number

20.2. Provide details below of any business in which you have a financial interest of any kind and which is making application to be licensed or is licensed by the Western Cape Gambling and Racing Board.

Name and address of business entity	Nature of your interest/investment	Amount of your interest/investment	% ownership in the business entity

20.3. Provide details below in respect of each person or business entity which has provided finance or anything else of value to assist you or your business entity in financing the investment(s) or interest(s) identified in question 20.2.

Applicant Signature \_\_\_\_\_



Name & address of person / entity	Relationship with applicant	Nature of finance	Amount of finance	Terms of the advance

20.4. Do you hold or have you ever held a financial or an ownership interest in any other gambling venture, whether licensed or unlicensed?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

If yes, describe below every such interest:


21. TAX INFORMATION

21.1. ALL APPLICANTS resident in South Africa must attach certified true and legible copies of their tax assessments for the three years directly preceding the date of this application as well as a tax clearance certificate. Applicants residing outside of South Africa may file copies of tax returns and assessments for such period OR a tax clearance certificate or the equivalent from the country of origin. A non-English foreign tax return and assessment, must be accompanied by a certified English translation.

Provide reasons below if you are not registered or required to submit tax return and provide proof of your income for the last three months, copies of your salary advice for the past three months as well as a copy of your IRP5 certificate for the previous tax year.


Applicant Signature \_\_\_\_\_



22. ATTACHMENTS

Have your wages, salary, earnings or other income ever been garnished or attached or any similar action taken during the last five years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, complete the table below:

Date filed	Case number	Name & address of court	Nature & amount of order	Name & address of creditor

23. BANKRUPTCY/INSOLVENCY

Have you ever been declared legally insolvent, bankrupt, an unrehabilitated insolvent, prodigal or have you ever filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency Act?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, complete the table below and provide a certified true and legible copy of the court order.

Date filed	Case number	Name of court	Name & address of filing party	Name, address & tel. no of trustee

*If rehabilitated, provide details and a certified legible copy of the rehabilitation order.*

Applicant Signature \_\_\_\_\_



24. DISQUALIFYING CRITERIA

24.1 Are you or your spouse, common law spouse or partner:

- a political office bearer;
- a public servant;
- an unrehabilitated insolvent or subject to any legal disability;
- listed on the register of excluded persons;
- a family member, other than a brother or sister of any person who is a member or employee of the Board;
- a member of the Board, the Executive Council or a member of the standing committee of the Provincial Legislature responsible for the Western Cape Gambling and Racing Act, or a family member of such person, or
- subject to an order of a competent court holding you to be mentally unfit or deranged.

Yes			No	
-----	--	--	----	--

If yes to any, provide details below:


24.2 Have you or your spouse, common law spouse or partner ever been removed from an office of trust on account of misconduct relating to fraud or the misappropriation of money, or been convicted during the last 10 years in the Republic or elsewhere, of theft, fraud, forgery or uttering a forged document, perjury, an offence under the Corruption Act, 1992, or an offence in terms of the National Gambling Act or the Western Cape Gambling and Racing Act, as amended

Yes			No	
-----	--	--	----	--

If yes to any, provide details below:


Applicant Signature \_\_\_\_\_



25. DIRECTORSHIPS

List all directorships currently or previously held

Date (Yr to Yr)	Name of company & registration number	Registered address of company	Income tax reference no of co.	Type of director-ship held

26. FOREIGN TRUSTS

26.1 Are you a donor, trustee, beneficiary or do you have any vested interest in any existing foreign trust or foreign trust to be created?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

If yes, provide a copy of the following:

- ❖ Trust Deed;
- ❖ Financial statements for the last three financial years; and
- ❖ Bank statements of each account for the past three months.

27. LOCAL TRUSTS

27.1 Are you a donor, trustee, beneficiary or do you have any vested interest in any existing trust or trust to be created locally? (Including family trusts or trusts where your children are the beneficiaries.)

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

If yes, provide a copy of the following:

- ❖ Trust Deed;
- ❖ Financial statements for the last three financial years; and
- ❖ Bank statements of each account for the past three months.

28. SOCIAL GRANTS

28.1 Do you or does your spouse, common law spouse or partner receive any form of grants?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

Applicant Signature \_\_\_\_\_



If yes, provide details below for the type of grant, amount received and duration of the grant.


**29. BANK ACCOUNTS**

**29.1** Provide details below of all the bank accounts (current, cheque, credit card, bond, savings, vehicle finance, call, loan, local or foreign investments or any similar account) currently **held by you, your spouse, common law spouse or partner.**

Date acquired	Name of Financial Institution	Name of account holder	Account number

*Provide copies of the statements of every bank or financial institution account listed above for the past three months. Ensure that all statements provided are within the same time period. Complete the Declaration of the Origin of Bank Deposit Form for all deposits over R2 000 made for the above listed accounts.*

**Applicant Signature** \_\_\_\_\_



## 29.2 Declaration of the Origin of Bank Deposits

Please complete the table below to explain the source of each deposit exceeding R2 000 transferred into each of your bank accounts.

Full name of applicant: .....

Applicant ID number: .....

Bank and Account number: .....

Date	Amount	From (name and relationship)	Reason

Applicant Signature \_\_\_\_\_



**29.3** Provide details below of all the bank accounts (current, credit card, cheque, bond, savings, vehicle finance, call, local or foreign investments or any similar account) closed **by you, your spouse, common law spouse or partner** in the past 2 years.

Date closed	Name of Financial Institution	Name of account holder	Account number	Detailed reasons for closing the account

**30. MONTHLY INCOME & EXPENDITURE STATEMENT**

Provide details below of your **monthly** income and expenditure based on the average for the **three** months preceding the date of this application. All amounts must be in **South African Rand**. Where applicable, indicate the applicable **exchange rate and date** of conversion to South African Rand. Spouse will include common law spouse and partner.

INCOME	APPLICANT	SPOUSE	TOTAL
Salary (net) / Drawings			
Fees (Directors / consultancy)			
Rental received			
Interest			
Dividends			
Social grants			
Other income (specify)			
<b>TOTAL INCOME (A)</b>			

EXPENDITURE	APPLICANT	SPOUSE	TOTAL
Alimony / maintenance			
Bond repayment			
Rental			
Electricity & water			
Credit card accounts			
Repayment of borrowings			
Food / liquor / Entertainment			
Insurance premiums			

**Applicant Signature** \_\_\_\_\_





Dstv / Cable			
Medical expenses paid self			
Vehicle finance / installments			
Motor vehicle running expenses			
Telephone / Cellphone / Internet			
Travelling			
Retail accounts / Clothing			
Other expenses (specify)			
<b>TOTAL EXPENDITURE (B)</b>			
<b>NET INCOME / (DEFICIT) (A - B)</b>			

### 31. STATEMENT OF ASSETS AND LIABILITIES

List the values of all assets, both tangible and intangible, in the appropriate spaces below. Enter only Rand amounts as on the date of this statement. The statement date must be as recent as possible, but within the directly preceding **three** months of the date of this application. Spouse will include common law spouse and partner.

**Each listed asset must be described fully in the appropriate attached schedule. Provide either current actual values or current market values as appropriate.**

**ALL AMOUNTS MUST BE IN SOUTH AFRICAN RANDS. INDICATE THE APPLICABLE EXCHANGE RATE AND DATE WHEN FOREIGN CURRENCIES ARE CONVERTED TO SOUTH AFRICAN RAND.**

#### 31.1 ASSETS

<b>DATE OF STATEMENT</b>	
--------------------------	--

<b>Assets</b>	<b>Schedule</b>	<b>Applicant</b>	<b>Spouse + minor children</b>
Accounts/monies receivable/tax overpaid			
Bank accounts	<b>A</b>		
Credit card accounts (positive)	<b>B</b>		
Household & personal effects	<b>C</b>		
Listed investments (shares & bonds)	<b>D</b>		
Non-listed investments	<b>E</b>		

**Applicant Signature** \_\_\_\_\_



Property	<b>F</b>		
Surrender value of insurance policies	<b>G</b>		
Unit trusts	<b>H</b>		
Vehicles, planes, boats etc.	<b>I</b>		
Other assets (specify)			
<b>TOTAL ASSETS (A)</b>			

### 31.2. LIABILITIES

<b>Liabilities</b>	<b>Schedule</b>	<b>Applicant</b>	<b>Spouse + minor children</b>
Bank overdraft outstanding	<b>A</b>		
Bonds/mortgages payable (total outstanding)	<b>J</b>		
Credit card accounts (total outstanding)	<b>B</b>		
Hire purchase accounts payable	<b>K</b>		
Loans payable (secured or unsecured)	<b>L</b>		
Other liabilities payable (specify)	<b>M</b>		
Tax payable (as per your assessment)			
<b>TOTAL LIABILITIES (B)</b>			

<b>NET WORTH (A – B)</b>		
--------------------------	--	--

Applicant Signature \_\_\_\_\_



SCHEDULE A BANK ACCOUNTS

Table with 4 columns: Name of financial institution, Account no, Type of account, Balance. Rows are categorized under APPLICANT and SPOUSE + MINOR CHILDREN.

Applicant Signature \_\_\_\_\_



SCHEDULE B CREDIT CARD ACCOUNTS

Table with 6 columns: Name of credit card, Name of financial institution, Name appearing on card, Account number, Expiry date, Credit balance. Includes sections for APPLICANT and SPOUSE + MINOR CHILDREN.

Applicant Signature \_\_\_\_\_



SCHEDULE C
PERSONAL AND HOUSEHOLD EFFECTS

Table with 2 columns: Other assets, Current market value (not insurance values). Rows include APPLICANT and SPOUSE + MINOR CHILDREN, with sub-rows for Appliances, Electronics, Furniture, Jewelry, art and valuable collections, and Other (specify).

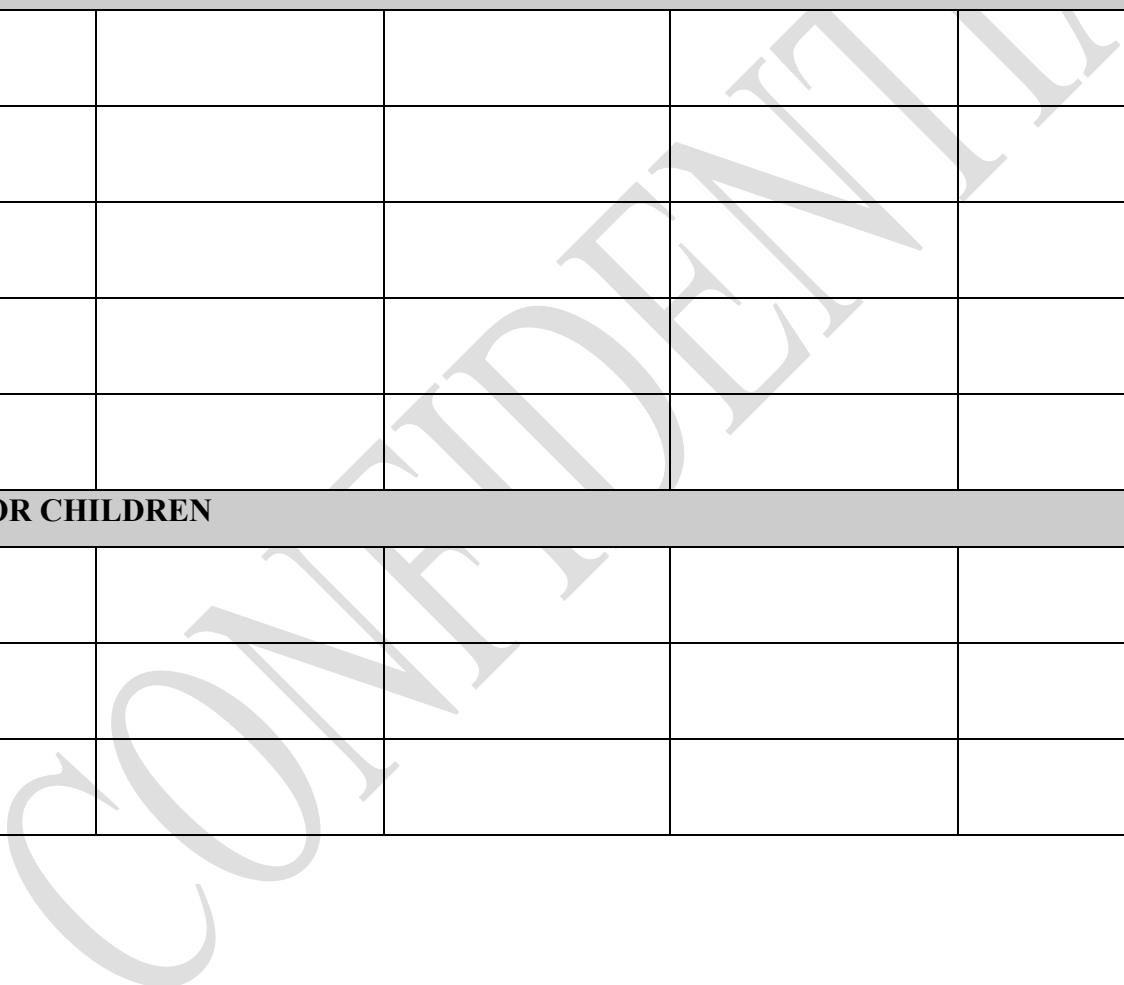
Applicant Signature \_\_\_\_\_



SCHEDULE D

LISTED STOCK EXCHANGE INVESTMENTS (SHARES AND BONDS/STOCKS)

Name of issuer	No of shares or bonds/stocks	Purchase price of each	Date of purchase	Name in which registered	Current market value
<b>APPLICANT</b>					
<b>SPOUSE + MINOR CHILDREN</b>					



Applicant Signature \_\_\_\_\_



SCHEDULE E
NON - LISTED INVESTMENTS

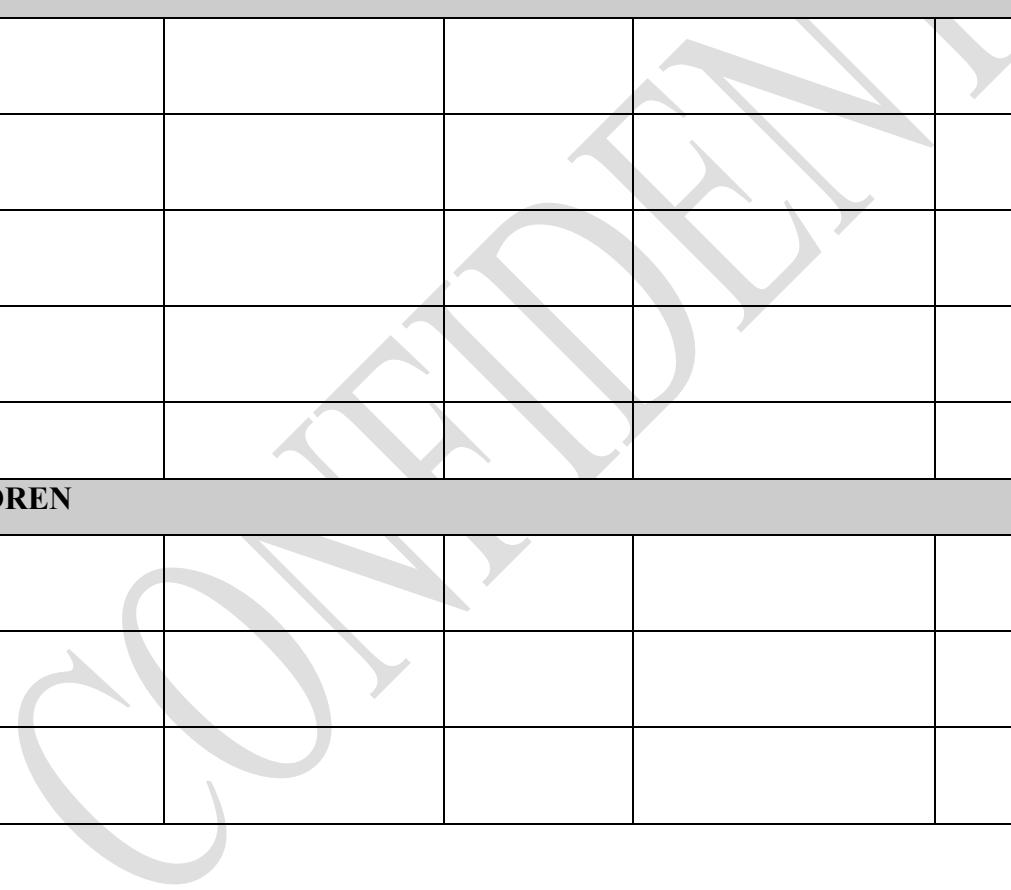
Table with 7 columns: Name of registered entity, Type (co., cc, partners etc), Percentage ownership, Purchase price, Date of purchase, Persons / entity sharing ownership, Current market value. Includes sections for APPLICANT and SPOUSE + MINOR CHILDREN.

Applicant Signature \_\_\_\_\_



SCHEDULE F PROPERTY

Street address	Description of property (house, flat, plot)	Purchase price + improvement cost	Date of purchase	Name(s) of registered owner(s)	Percentage ownership each	Current market value	If let, state monthly income
<b>APPLICANT</b>							
<b>SPOUSE + MINOR CHILDREN</b>							



Applicant Signature \_\_\_\_\_





SCHEDULE G
INSURANCE POLICIES

Table with 6 columns: Insurance company, Type of policy\*, Beneficiary (ies) of policy, Estimated maturity value, Current value of policy, Loan/surrender value of policy. Rows are categorized under APPLICANT and SPOUSE + MINOR CHILDREN.

\*Provide statements for the above listed policies

Applicant Signature \_\_\_\_\_



SCHEDULE H
UNIT TRUSTS

Table with 5 columns: Name of unit trust, Name of the management co., No of units held, Original purchase price, Current selling price. Rows are categorized under APPLICANT and SPOUSE + MINOR CHILDREN.

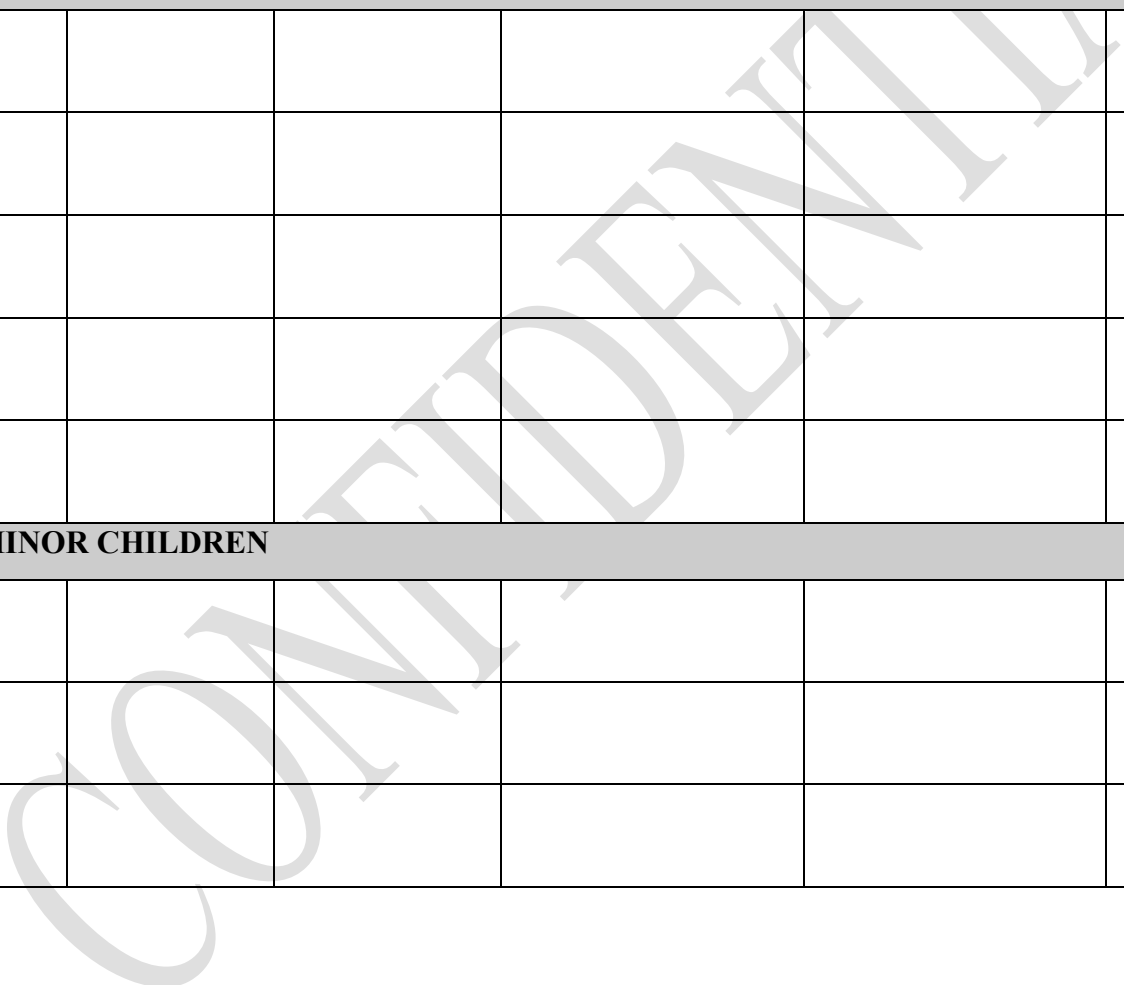
Applicant Signature \_\_\_\_\_



SCHEDULE I

MOTOR VEHICLES, MOTOR CYCLES, AEROPLANES, MOTOR BOATS, YACHTS ETC

Make and Model	Date of purchase	Purchase price	Method of financing	If not cash, amount outstanding	Current market value
<b>APPLICANT</b>					
<b>SPOUSE + MINOR CHILDREN</b>					



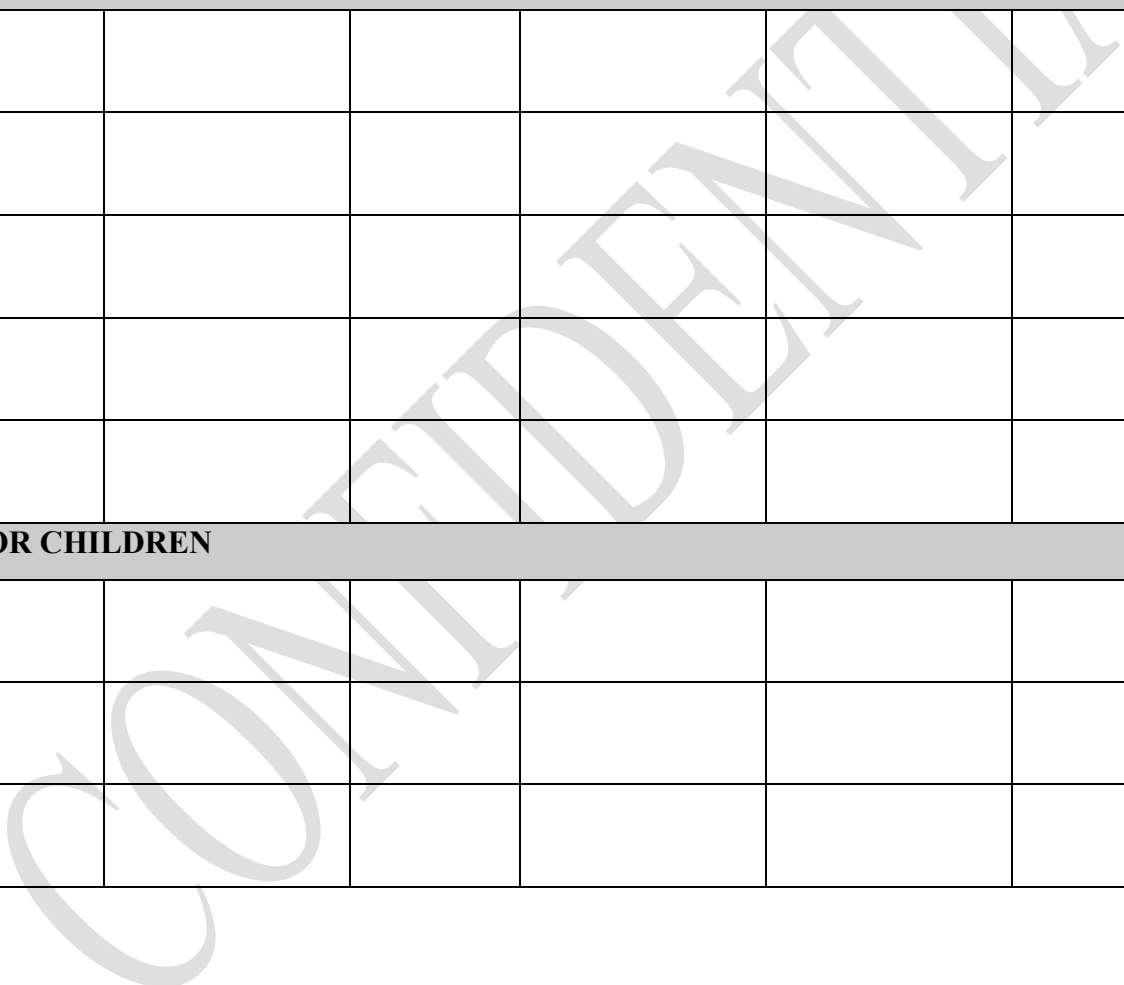
Applicant Signature \_\_\_\_\_



SCHEDULE J

BONDS/MORTGAGES PAYABLE

Name of financial institution	Address of property	Date incurred	Original amount	Monthly repayments	Unpaid balance	Maturity date
<b>APPLICANT</b>						
<b>SPOUSE + MINOR CHILDREN</b>						



Applicant Signature \_\_\_\_\_



SCHEDULE K

HIRE PURCHASE ACCOUNTS PAYABLE

Name of HP creditor	Date incurred	Original amount	Amount outstanding	Maturity date	Monthly repayments	Description of asset acquired with HP
<b>APPLICANT</b>						
<b>SPOUSE + MINOR CHILDREN</b>						

Applicant Signature \_\_\_\_\_



SCHEDULE L

LOANS PAYABLE (SECURED & UNSECURED)

Name of creditor	Date incurred	Original amount	Amount outstanding	Maturity date	Monthly repayments	Reason(s) for borrowings
<b>APPLICANT</b>						
<b>SPOUSE + MINOR CHILDREN</b>						

Applicant Signature \_\_\_\_\_



SCHEDULE M OTHER LIABILITIES PAYABLE

Table with 7 columns: Name of creditor, Date incurred, Original amount, Amount outstanding, Maturity date, Monthly repayments, Reason(s) for borrowings. Includes sections for APPLICANT and SPOUSE + MINOR CHILDREN.

Applicant Signature \_\_\_\_\_



AFFIDAVIT

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

(Full names)

hereby:

- (a) declare that I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the Western Cape Gambling and Racing Act, 1996 (Act 4 of 1996), as amended, and the Western Cape Gambling and Racing Regulations, 1997, as amended;
(b) declare that I am the person identified in this form;
(c) declare that I have personally completed this form and have supplied all the information indicated herein; and
(d) certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

Signature – Applicant

[Large empty box for signature and certification]

To be signed and certified as true and correct in the presence of a Commissioner of Oaths

Applicant Signature \_\_\_\_\_





**AUTHORISATION**

TO: All courts, probation departments, employers, educational institutions, banks, financial and other institutions, the Receiver of Revenue, credit bureau, Law agencies, all agencies and institutions without exception, both domestic and foreign, and to whomsoever else this authorisation may duly be presented.

Full names		Surname	
Street address			
Date of birth		Telephone no	
ID number		Passport number	

Signature – Applicant

I HEREBY AUTHORISE the Chief Executive Officer or any Official of the Western Cape Gambling and Racing Board investigating this application, signed by the Chief Executive Officer (“an authorised delegate”), to have access to, in order to inspect and to obtain copies of:

- (a) any credit report, financial report, tax report, value added tax report, employee’s tax records and all other entities in which I have a financial or personal interest, or legal or personal information derived from those reports or any other report which has any bearing on my creditworthiness, credit history, credit standing or credit capacity;
- (b) any loan information, cheque account records, saving deposit records, safety deposit box records, savings book records, bank statements and credit card statements 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;
- (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 records or correspondence relating to me, and
- (f) any other document, record or correspondence pertaining to me.

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

**To be signed in the presence of and certified by a Commissioner of Oaths**

**Applicant Signature** \_\_\_\_\_



ACCESS TO TAX RECORDS

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

(Full names)

the undersigned, am aware that the confidentiality of income tax returns is protected by Act. I therefore undertake, upon request by the Western Cape Gambling and Racing Board ("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 my tax returns, such of those records as may be requested by the Board and to place the Board in possession thereof for the purposes of consideration of this application.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature – Applicant

CONFIDENTIAL

To be signed and certified as true and correct in the presence of a Commissioner of Oaths

Applicant Signature \_\_\_\_\_



COMPLIANCE WITH LICENCE CONDITIONS

(ONLY TO BE COMPLETED IN THE CASE OF A RENEWAL APPLICATION)

Is your licence subject to any conditions?

Yes				No	
-----	--	--	--	----	--

If yes, attach hereto the necessary proof of compliance with all conditions of your licence.

Declaration

I, \_\_\_\_\_, hereby declare that:  
(Full names)

- a) I have scrutinised and have full knowledge of my current licence conditions;
- b) I know and understand the contents of the above declarations;
- c) I have no objection to taking the prescribed oath; and
- d) I consider the prescribed oath to be binding on my conscience.

<b>SIGNATURE – APPLICANT</b>	
<b>DATE</b>	<b>COMMISSIONER OF OATHS</b>

Applicant Signature \_\_\_\_\_