



**BUSINESS ENTITY DISCLOSURE FOR THE RENEWAL OF A
LIMITED PAYOUT MACHINE SITE LICENCE**

Registered name of business	
Trading name of business	
Date of completion of form	

Name of the LPM route operator licence holder contracted to

Name of the LPM route operator representative	Contact number of representative

All correspondence to be addressed to:

**The Chief Executive Officer
P O Box 8175
ROGGEBAAI
8012
Republic of South Africa**

**Telephone no : 27-21-480 7400
Fax no : 27-21-422 2602/3/5
Web site: www.wcgrb.co.za**

FOR OFFICE USE ONLY	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.

Authorised Signature _____



APPLICATION INSTRUCTIONS

Please note that this form must be completed by the business entity which is the Actful owner or occupier of the site in respect of which the licence is applied for (“the primary business”).

1. **Read these instructions and every question carefully before answering and follow any specific instruction which may be given in 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 will be considered to be incomplete and may be rejected by the Board.**
3. If a question does not apply to you, write “N/A” (for “Not Applicable”) in the space provided for the answer. If there is nothing to disclose about a particular question, write “None” in the space provided for the answer. 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 authorised person of the business entity which applies for the specific licence as indicated on the front page and to be issued by the Western Cape Gambling and Racing Board (“Board”).** Return the completed form to the Manager: Licensing, Western Cape Gambling and Racing Board, PO Box 8175, ROGGEBAAL, 8012, Republic of South Africa or, if by hand, to Seafare House, 68 Orange Street, Gardens, CAPE TOWN, Republic of South Africa.
6. The original completed application form and all the additional required information (no copies of the application are required) must be submitted to the Board.
7. If additional space is required 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.
9. If any details of the primary business, which are reflected in this application form, change before a licence has been issued by the Board, the Board must immediately be notified of such change in writing.
10. All dates must be in the format: **Day / Month / Year**.

Authorised Signature _____



1. PRIMARY BUSINESS

Indicate the legal nature of the primary business conducted on the site:

Please tick one of the following options:

An individual (sole proprietor) [Only complete PART A before continuing with section 2]	<input type="checkbox"/>
A group of individuals [Only complete PART B before continuing with section 2]	<input type="checkbox"/>
A corporate entity [Only complete PART C before continuing with section 2]	<input checked="" type="checkbox"/>

PART A

Details of individual

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimile number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Trading / business name	
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Principal business address of the primary business

Street address			
City/Town		Province/State	
Postal code		Country	
Telephone no		Fax no	
Web site address			
Mailing address			
City/Town		Province/State	
Postal code		Country	

Authorised Signature _____



Principal activities of the current business

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PART B

Description of the business

Partnership	
Other (specify)	

Details of the group of individuals

Person

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Person

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Authorised Signature _____



Person

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Person

Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			

Should there be more than four individuals with a financial interest in the business, please provide the complete details as indicated above on a separate ANNEXURE clearly marked ANNEXURE TO PART B

Trading / business name	
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Principal business address of the primary business

Street address			
City/Town		Province/State	
Postal code		Country	
Telephone no		Fax no	
Web site address			

Mailing address			
City/Town		Province/State	
Postal code		Country	

Authorised Signature _____



Principal activities of the current business

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PART C

Description of corporate entity

Limited liability company	
Public unlisted company	
Public listed company	
Close Corporation	
Section 21 company	
Trust	
Other (specify)	

Details of corporate entity

Registered name	
Registration number	
Trading name	
Principal activities	

Principal business address of the primary business

Street address			
City/Town		Province/State	
Postal code		Country	
Telephone no		Fax no	
Web site address			

Authorised Signature _____



Mailing address			
City/Town		Province/State	
Postal code		Country	

Registered office of the primary business

Street address			
City/Town		Province/State	
Postal code		Country	
Telephone no		Fax no	

2. PERSON TO BE CONTACTED WITH REGARD TO THIS APPLICATION

Name		Title	
Telephone no		Fax no	
E-mail address		Cell phone no	
Relationship with respect to applicant			

3. Submit a certified true copy of the Board or similar resolution authorizing the appointment of the signatory to sign the application documents on behalf of the applicant.

4. QUALIFIERS

PLEASE NOTE:

A Personal History Disclosure (“PHD”) form must be completed by every person who is classified below. In addition, the Board may, at its discretion, order additional persons associated with the company to file such a form if it appears that such persons should be qualified in order to effect the purposes of the Western Cape Gambling and Racing Act and Regulations.

LPM Site

The Board of Directors, executive management, and all personnel who will be involved in the gambling operation of the business who qualify in terms of sections 56 and 57 of the Act as key or gambling employees, and all natural persons who are beneficial owners of a 5% or greater financial interest in the primary business, directly or indirectly.

Authorised Signature _____



4.1. INVOLVEMENT

4.1.1 Direct shareholding - list all the owners, being direct shareholders, members, partners or trustees of the applicant below:

Name of owner	ID no/ passport no /registration no of entity *	No. of shares held	% of share- holding
TOTAL SHAREHOLDING			100%

* Provide the date of birth and the nationality should the owner not be a RSA citizen.

4.1.2 Indirect shareholding - list all the owners, being shareholders, members, partners or trustees of the applicant with a 5% or greater indirect shareholding below:

Name of owner	ID no/ passport no /registration no of entity *	No. of shares held	% of indirect shareholding in applicant

* Provide the date of birth and the nationality should the owner not be a RSA citizen.

Authorised Signature _____



4.1.3. List all the directors of the applicant.

Full name	ID no/ passport no *	Designated position	Executive/ Non- executive	Representing which shareholder

* Provide the date of birth and nationality should the director not be a RSA citizen.

5. DIAGRAMMATIC REPRESENTATION OF OWNERSHIP

If question 4 above indicates any entity as holding any shares, a partnership interest or any other ownership interest in the primary business, prepare a diagrammatic flowchart which illustrates the entire relationship of all the entities involved with the primary business as an attachment labeled "Question 5". List all legal and natural persons, who each hold a direct or indirect financial interest of 5% or more in the primary business, clearly indicating the respective shareholdings in each entity, including the primary business. If the ultimate holding company of the primary business is a public company and no natural person controls 5% or more of the publicly traded shares, indicate this fact in a footnote to the flowchart.

6. FINANCIAL INSTITUTIONS

Furnish the information below in respect of all bank accounts currently held with any financial institution, whether domestic or foreign, regardless of whether such account was held in the name of the applicant or a nominee of the applicant or was otherwise under the direct or indirect control of the applicant.

Authorised Signature _____



Name & street address of financial institution	Name of account holder	Type of account(s)	Account number	Period of time account held (from/to)	Balance of account

Provide copies of statements of all the accounts indicated above which will reflect all transactions for the past three months.

7. CRIMINAL AND RELATED HISTORY

This question requests information about any offences the applicant, its officers, owners, or subsidiaries may have committed or may have been charged with. Prior to answering this question, carefully study the definitions and instructions below.

For the purposes of this application form: -

“Offence” includes all crimes, felonies, misdemeanors, or criminal offences regardless of their classification, and includes offences 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 committing of any offence.

“Officer” includes all directors, executive management and trustees.

“Owner” includes all shareholders, members, partners, trusts with a direct or indirect financial interest of 5% or more in the applicant.

Where an applicant has been charged, answer of “yes” must be given and all relevant information provided to the best of your ability, even if:

- the applicant did not commit the offence with which it was charged;
- the charge was dismissed or withdrawn;
- the applicant was not convicted or
- the charges or offences happened more than ten years ago.

Authorised Signature _____



If the records relating to the charges have been expunged by court order, answer "no" and attach a copy of the expunction order to this application, labeling it "Attachment to question 7".

7.1 OFFICIAL ENQUIRY

Has the applicant, its owners, officers or any of its subsidiaries (if a company) in the past ten years ever been subjected to an official enquiry by any regulatory body, government or provincial department, Act enforcement agencies or gaming authorities?

Yes [] No []

If yes, provide details below:

[Empty text box for details]

7.2 INDICTMENTS, CHARGES AND CONVICTIONS

Has the applicant, its owners, officers or any of its subsidiaries (if the applicant is a company) ever been indicted, charged with or convicted of a criminal or disorderly persons' offence or been a party or named as an indicted co-accused or co-conspirator in any criminal proceeding in any jurisdiction?

Yes [] No []

If yes, complete the table below:

Table with 7 columns: Case number, Nature of charge or complaint, Date, Name & address of Act enforcement agency, Court involved, Outcome, Sentence. Contains 3 empty rows.

Authorised Signature _____



8. INSOLVENCY PROCEEDINGS AND APPOINTED RECEIVER, AGENT OR TRUSTEE

A. Has the applicant, its owners, officers or any associated company had any application or petition under any provision of any insolvency or bankruptcy act or under any insolvency Act filed by or against it during the ten years preceding the date of this application?

Yes [] No []

If yes, provide details below:

[]

B. Has the applicant, its owners, officers or any associated company sought relief under any provision of any insolvency or bankruptcy act or any insolvency Act during the ten years preceding the date of this application?

Yes [] No []

If yes, provide details below:

[]

9. INSURANCE

9.1. Has the applicant ever suffered damages to or sustained any losses of any of its assets in respect of which an insurance payment of more than R250 000 or the equivalent thereof was paid out?

Yes [] No []

Authorised Signature _____



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

[Empty text box for insurance details]

9.2. Has the applicant 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 number.

[Empty text box for insurance details]

9.3. Has a claim of the applicant ever been investigated by an insurance agency?

Yes [] No []

If yes, provide details below, including the policy number, the insurance company and the reason for the investigation.

[Empty text box for investigation details]

Authorised Signature _____



10. EXISTING LITIGATION

Is the applicant, any owner, officer or subsidiary currently involved in any litigation?

Yes [] No []

If yes, on a separate pages under the above number and heading, describe all existing civil litigation in which the applicant, owner, officer or subsidiary is currently involved with, whether in the Western Cape or in any other jurisdiction. Exclude any case for monetary damages where the damages are not expected to exceed R100 000 or the equivalent thereof.

The description must include all the relevant details such as the title, case number, name and address of the court where the case is pending, the identity of all the parties, a summary of the charge and the general nature of all claims being made as well as the next date to appear in court.

11. GAMBLING LICENCES

Provide details below of all gambling-related licences currently or previously held and applications pending:

Table with 6 columns: Name, address, tel. no. of jurisdiction which issued the licence; Date of licence granted; Outcome of application incl. specific conditions; Type of licence; Licence number & expiry date; Indicate current / pending.

* Provide copies of all licences granted as well as the conditions attached to each licence.

Authorised Signature _____



12. NON-GAMBLING LICENCES

Has the applicant ever made application to a licensing agency, other than a gambling authority, for a licence, permit, certificate of qualification or similar authorisation to conduct any type of activity, e.g. the sale or distribution of liquor?

Yes [] No []

If yes, complete the table below.

Table with 5 columns: Date of application, Name & address of licensing authority, Type of licence, specifying nature of activity, Outcome of application, Licence/other number & expiry date.

13. LICENCES DENIED, SUSPENDED OR REVOKED

In the five years preceding the date of this application, has the applicant had any licence or certificate issued by a government agency or licensing authority in any jurisdiction, denied, suspended or revoked?

Yes [] No []

If yes, complete the table below.

Table with 5 columns: Type of licence or certificate, Name & address of authority, Action taken by the agency, Date, Reason.

Authorised Signature _____



14. ATTACHMENTS (ALL DOCUMENTATION MUST BE SUPPLIED IN ENGLISH)

The following documents must be appended to this application form:

14.1. Financial statements of the primary business for the last financial year.

Provide copies of audited accounts or any other ledger accounts (no cash slips or invoices permissible) in the case where audited statements are not a requirement of that entity. If the primary business has been dormant or has been newly acquired, audited statements are still required to satisfy the investigative authority that the primary business has no material liabilities or contingent liabilities.

15. TAX INFORMATION

15.1. Complete the tax details in respect of the applicant requested below:

Table with 4 columns: Income tax reference no, Tax authority location, VAT reference no, RSC reference no, PAYE reference no, UIF reference no, WCA reference no, SDL reference no.

*Provide the equivalent documents if from a foreign country

- WCA = Workmens Compensation Act, PAYE = Pay As You Earn, RSC = Regional Services Council, VAT = Value-Added Tax, UIF = Unemployment Insurance Fund, SDL = Skills Development Levies

15.2. Has the applicant submitted its income tax returns for the three years directly preceding the date of this application to the relevant Authorities?

Form with Yes and No options, where No is selected.

If yes, and the applicant is registered in South Africa, attach certified true and legible copies of all the pages and supporting schedules of the tax return covering the last tax year, the corresponding tax assessments and any attachments to the tax return as well as a tax clearance certificate. Foreign businesses must furnish tax clearance certificates or the equivalent from the country of origin.

Authorised Signature _____



If no, give an explanation below.

(Documentation in respect of any extension granted by any Tax Authority must also be attached).

The following documentation must also be attached if the Tax Authority is in South Africa:

- Copies of the VAT returns submitted to the South African Revenue Services for the 6 months preceding the date of this application.
- A current PAYE statement of account for the applicant.
- A current RSC statement of account for the applicant.
- A current UIF statement of account for the applicant.
- A current WCA statement of account for the applicant.
- A current SDL statement of account for the applicant.

Authorised Signature _____



AFFIDAVIT

I, _____ (full name), do hereby make oath and say that:

- 1. I am duly authorised to make this declaration on behalf of _____ (name of entity represented).
2. I am aware that the Board may refuse a licence to any applicant that supplies information to the Board which is untrue or misleading as to a material fact pertaining to the qualification criteria.
3. The particulars contained herein are to the best of my knowledge and belief true and correct in every detail and I have fully disclosed the information required in completing this form.

Table with 2 columns: Signature of Deponent, Date

I certify that:

The Deponent has acknowledged that:

- 1. He/she knows and understands the contents of this declaration;
2. He/she has no objection to taking the prescribed oath, and
3. He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn / affirmed * before me at _____, on this ____ day of _____ (month), _____ (year).

* Delete which is not applicable

Large empty box for signature, with 'COMMISSIONER OF OATHS' label at the bottom.

Note: This affidavit must be accompanied by a Board resolution authorising the signatory to execute same.

Authorised Signature _____



AUTHORISATION FOR EXAMINATION AND RELEASE OF INFORMATION

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

FROM: _____ (full name and surname)

_____ (address)

Date of birth: ____ / ____ / ____ Telephone ____ / ____

ID no _____ Passport no _____

I, being the duly authorised representative of _____ (“the Applicant”), HEREBY AUTHORISE the Chief Executive Officer of the Western Cape Gambling and Racing Board or any person authorised by an original letter of authority, 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 or other report of all entities in which the Applicant has a financial or personal interest, or legal or personal information derived from those reports or any other report which has any bearing on the Applicant’s 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 and bank statements pertaining to the Applicant;
(c) any records relating to any investigations into the activities of the Applicant 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 the Applicant is or was a party;
(e) any current and past employment records or correspondence relating to the Applicant, and
(f) any other document, record or correspondence pertaining to the Applicant.

You are HEREBY AUTHORISED to release to the Chief Executive Officer of the Western Cape

Authorised Signature _____



Gambling and Racing Board or an authorised delegate all the documents, reports and information as contemplated above and 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.

Signature of Deponent	Date	Signature- Witness 1	Witness 1 Print name	Signature- Witness 2	Witness 2 Print name

Note: This Authorisation must be accompanied by a Board resolution authorising the signatory to execute same.

CONFIDENTIAL

Authorised Signature _____



ACCESS TO TAX RECORDS

As the duly authorised representative of _____ (“Applicant”), I am aware that the confidentiality of income tax returns of the Applicant is protected by Act. The Applicant therefore undertakes, 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 the corporate tax returns of the Applicant, 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_____.

For and on behalf of the Applicant:

_____ who warrants his/her authority

_____ Address of the Applicant

Table with 4 columns: Signature-Witness 1, Witness 1 Print name, Signature-Witness 2, Witness 2 Print name

Place : _____

Note: This Authorisation must be accompanied by a Board resolution authorising the signatory to execute same.

Authorised Signature _____