Western Cape Government

Western Cape Gambling and Racing Board
Wes-Kaapse Raad op Dobbelary en Wedrenne • Ibhodi Yelentshona Kapa Yokungcakaza Ngemali Neyemidyarho

AFFIDAVIT – LIMITED PROBITY APPLICATION

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.

Authorised signature _____

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- **Please note that if this Affidavit and the accompanying employer confirmation below have not been completed and signed, your application will not be considered, and will be returned to you.**
- **In this document the term "licence" shall include a "certificate of suitability" unless specifically otherwise indicated.**
- **Only the original of this document will be considered by Board for renewal of the applicant's licence.**

Read the text below carefully before completing the Affidavit. In the event that any of Paragraphs 5, 6 and 7 below do not apply to you, delete the relevant paragraph and supply a separate annexure explaining why you have deleted the paragraph. In the event that there is any condition attached to your licence, attach a copy of the condition(s) and briefly explain what action you have taken to comply with the condition(s), attaching documentary proof thereof.

Name of main licence holder (entity) in respect of which this application for renewal of the licence is made	

I, _____ (insert full names), ID no _____ , hereby make an oath and declare as follows:

1. I am currently the holder of a **key / gambling** employee licence / certificate of suitability* issued by the Western Cape Gambling and Racing Board (***delete which is not applicable**).

2. My currently held licence, **no**_____, expires on _____ (date of expiry).
3. **I hereby apply for renewal of the licence referred to in paragraph 1**.

4. I have been employed by _____ since _____ (date of commencement of employment) and remained in the employ of such operator.
5. During the period of validity or my current licence, I have **not** been the subject of any disciplinary enquiry or proceedings of any nature whatsoever instituted by my employer.
6. During the period of validity of my current licence, I have **not** been arrested, charged with or convicted of any criminal offence, excluding traffic violations in respect of which an admission of guilt fine has been set.
7. During the period of validity of my current licence, **no** civil judgments have been taken or executed against me.
8. I am not required to be registered for income tax.**/** I am registered for income tax and my income tax affairs are in order.* **(*Delete which is not applicable)**.

I confirm that I am aware that, should any statement made herein be false, I would expose myself to a conviction on a charge of perjury and / or a contravention of section 42(1) of the Western Cape Gambling and Racing Act, Act 4 of 1996, as amended ("the Act") and would, in such an event, be *prima facie* disqualified for licensing and / or liable to have my licence suspended in terms of the Act.

I know and understand the contents of the above declaration. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.	
SIGNATURE – APPLICANT	
DATE	**COMMISIONER OF OATHS**

EMPLOYER CONFIRMATION

I, _____ (full names of employer representative), ID no _____ , represent the current employer of the applicant as indicated above. I have read the above Affidavit and consulted the employment records of the above employee for the purpose of confirming the above. I confirm that to the best of my knowledge, the contents of the above Affidavit are true.

SIGNATURE - EMPLOYER REPRESENTATIVE	**DATE**

CONFIDENTIAL