

BUSINESS ENTITY DISCLOSURE FOR A NEW APPLICATION

A LIMITED PAYOUT MACHINE SITE LICENCE

Registered name of business							
Trading name of business							
Date of completion of form			4				
Name of the Route C)perator	· licence	holde	er contrac	ted to		
Name of the Route Operator represen	ntative	(Contac	t number	of rep	oresentative	
All correspondence to be addresse	d to:						
The Chief Executive Officer				Teleph	one no	: 27-21-480 740	0
P O Box 8175				Fax no	: 2	7-21-422 2602/3	/5
ROGGEBAAI 8012				Web sit	te:	www.wcgrb.co.z	a
Republic of South Africa							
Republic of South Africa							
			FOR	OFFICE	REFE	RENCE NUMBER	
			USE	ONLY			



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.





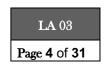
APPLICATION INSTRUCTIONS

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, ROGGEBAAI, 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.







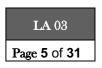
1. PRIMARY BUSINESS

Indicate the legal 1	nature of the p	primary b	ousiness conc	lucted (on th	e site:
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Please tick one of the fo	llowing options:				
An individual (sole pro	oprietor)				
[Only complete PART A before continuing with section 2]					
A group of individuals	A group of individuals				
[Only complete PART	B before continuing with so	ection 2]			
A corporate entity					
[Only complete PART C before continuing with section 2]					
PART A Details of individual					
Surname		Maiden name			
Surname		(If applicable)			
Full names					
ID number					
Date of birth		Facsimilee number ()		
Telephone number	Home	Office	Cellular phon	e	
	()	()			
E-mail address			-		
Trading / business nam	ne				
Principal business addr	ess 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			



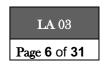




Principal activities of the	current business		
PART B			
Description of the busines	ss		
Partnership			
Other (specify)			
Details of the group of inc	lividuals		
Person			
Surname		Maiden name (If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number ()
Telephone number	Home	Office	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			



Western Cape Gambling and Racing Board Wes-Kaapse Raad op Dobbelary en Wedrenne Western Cape Board Western Cape



Person

Authorised signature_

1 CI SUII			
Surname		Maiden na	me
T. II		(If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number	()
Telephone number	Home	Office	Cellular phone
	()	()	
E-mail address			
Person			
Surname		Maiden na	ume
Surname		(If applicable)	
Full names			
ID number			
Date of birth		Facsimilee number	. ()
Telephone number	Home	Office	Cellular phone
Telephone number			Centual phone
E 9 11	()		
E-mail address			
Should though a more th	han faur individuals	with a financial interest	in the huginess please provide
			in the business, please provide
_	ndicated above on a	separate ANNEXURE cle	arly marked ANNEXURE TO
PART B			
Trading / business nam	10		
Trauling / Dusiness main	ie .		
Principal business addre	ess of the primary bu	ısiness	
Street address	principal princi		
		Province/State	
City/Town			
Postal code		Country	
Telephone no		Fax no	
Web site address			
Mailing address			
City/Town		Province/State	
Postal code		Country	
1 Ostai Couc		Country	







	Dobbelary en Wedrenne	Yokungcakaza Ngemali Neyemidyarho	
Principal activities of the	ha current husiness		
Timelpar activities of the	nie current business		
PART C			
Description of corpora	te entity		
Limited liability comp	oany		
Public unlisted compa	nny		
Public listed company	,		
Close Corporation			
Section 21 company			
Trust			
Other (specify)			
Details of corporate en	tity		
Registered name			
Registration number			
Trading name			
Principal activities			
Principal business add	ress of the primary business		
Street address			
City/Town		Province/State	
Postal code		Country	

Fax no

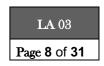
Telephone no

Web site address



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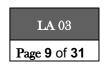




Mailing address				
City/Town			Province/State	
Postal code			Country	
Registered office of th	e primary business			
Street address				
City/Town			Province/State	
Postal code			Country	
Telephone no			Fax no	
2. PERSON TO BE C Name Telephone no	CONTACTED WIT	H REGARI	Title Fax no	CATION
E-mail address			Cell phone no	
Relationship with res	spect to applicant			
3. LEGAL OWNER ON Name of the register of the				
Trading name of the	owner of the prope	rty or land		
Registration number	of business (where	applicable)		
Principal activities				
Principal business add	dress of the primary	business		
Street address				
City/Town			Province/State	
Postal code			Country	
Telephone no			Fax no	
Web site address				



Western Cape Gambling and Racing Board Wes-Kaapse Raad op Dobbelary en Wedrenne Wedrenne Vokungcakaza Ngemali Neyemidyarho



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	

Description of business

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

PERSON TO BE CONTACTED WITH REGARD TO QUESTION 3

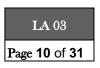
Name	Title	
Telephone no	Fax no	
E-mail address	Cell phone no	

Submit a letter of consent or approval in respect of the conduct of the gambling activities on the site, duly signed by the relevant landlord, Actful owner or managing agent of the property or land as part of this application.

Authorised	signature	







4. DOCUMENTATION REQUIRED

5. DESCRIPTION OF BUSINESS

B.

4.1	Where applicable, submit certified true copies of the Memorandum and Articles of Association,
	Certificate of Incorporation, Founding Statement, Charter, Shareholders' Agreement,
	Partnership agreement, Association agreement, signed Lease agreement between the legal
	occupier and the owner of the site, Trust deed, certificate(s) of legal name changes and all
	amendments thereto and any other statutory documentation that may be of any signifinance.
	Written consent or authorisation must be submitted as proof that all partners, shareholders,
	members, trustees, etc. are amenable to a Actful gambling operation being conducted on the site.

1. 2	2 Submit a	certified	true cop	y of the	Board o	r similar	resolution	authorisii	ng the a	appointment	t of the
	signatory	y to sign t	the appli	cation de	ocument	s on beh	alf of the pi	rimary bus	siness.		

	Provide a detailed description of the following:
۸.	Business history and overview of the present business activities

etails and date of acquisit	tion of the primary	y business	







C. Details	s of the finan	cing of the pr	imary busines	S								
D. Proof	of ownership	of the prop	erty or land (a	attach a copy	y of the dee	d of transfer,	title deed or					
			Lease Agreeme									
E. Intend	led operation	s or addition	al ventures of	the primary	business							
F. Curre	nt and propo	sed operating	g hours of the	business								
Prior to ac	tivation of L	PM's										
Current	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday					
hours												
Opening												
hours												

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O	

Closing

hours



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After activation of LPM's

Proposed	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
hours							
Opening							
hours							
Closing							
hours							

110								
G.	Protect	ion fees paya	ble by the bu	siness or the l	egal owner of	f the site		
Н.	Superv	isory measur	es enforced o	n the site				
Í.	Is the p	roperty subj	ect to a lien o	r hypothec?	If Yes, provid	e complete d	etails	





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J.	Details of the existing	employees	of th	ne business	who	will	be actively	involved	with	the
	supervision of the LPM'	S								

Full name of employee	ID number	Permanent	Date of	Designation and duties
		/	employment	
		Temporary		

6. SHAREHOLDING IF THE PRIMARY BUSINESS CONDUCTED ON THE SITE IS THAT OF A COMPANY

SHARES	Number of shares authorised	Number of shares issued	Par value per share	Premium at issue	Current market value	Classes*	Voting rights
Ordinary							
shares							
Preference							
shares							

Provide a copy of the most recent share register or indicate where it may be perused.

* Elaborate if there is more than one class of share or a change in voting rights.

6.1	If the	rights	of	shareholders	of any	class	of shares	may	be m	nodified	other	than b	у а	vote,	indicate	this
	and a	vnlain	hrio	fly:												



7. 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.

7.1. INVOLVEMENT

7.1.1 <u>Direct shareholding</u> - list all the owners, being direct shareholders, members, partners or trustees of the applicant below:

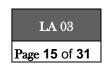
		No. of	% of
Name of owner	ID no/ passport no	shares	share-
	/registration no of entity *	held	holding
	TOTAL SHAREF	IOLDING	100%

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

7.1.2 Indirect shareholding - list all the owners, being shareholders, members, partners or trustees of the

Authorised signature	
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applicant with a 5% or greater indirect shareholding below:

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

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

7.1.3. List all the directors of the applicant.

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

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





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8. DIAGRAMMATIC REPRESENTATION OF OWNERSHIP

If question 7 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 8**". 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.

9. PLACES OF WORSHIP

A. If the site making application for this licence is situated within 100 meters from any place of worship, the applicant must provide written proof that inputs/comments from the place of worship have been requested which pertain to either the ownership in terms of the title deed or at least an indication of the zoning category within which such activities take place, the period over which worshipping activities have been conducted on such site and the number of congregants.

These inputs/comments must be provided to the Office of the Board within 30 days from the date of this application.

Failure to provide the above requested information timeously will result in such site not being processed for consideration during the current batch of applications.

B. Furthermore, if the site making application for this licence is situated within 100 meters from any place of worship, the applicant must provide written proof of requesting inputs/comments from any recognized/confirmed/correctly zoned place of worship, relating to the installation of LPM's in the proposed site.

These inputs/comments must be provided to the Office of the Board within 30 days from the date of this application.

A	ut	hori	ised	signa	ature	
	uu	101	iscu	Signe	atuit	



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10. DESCRIPTION OF ALL DEBT

Indicate the current holders, terms and conditions of all outstanding bonds, loans, mortgages, redeemable preference shares, notes, debentures or other forms of indebtedness issued or executed (including loans made to shareholders).

Name &	ID/ pass-	Type & class of	Effective	Maturity	Original	Current	Security	Reason for debt
address of	port/registration	debt instrument	interest rate	date	amount of	outstanding	given	incurred
creditor	of entity *	held	p.a.		debt	amount of debt	for debt	
				,				

^{*}Provide the date of birth and nationality should the individual not be a RSA citizen.

Authorised	signature		





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11. FINANCIAL INSTITUTIONS

11.1 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.

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

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

11.2 Furnish the information below in respect of all bank accounts closed during the past five years at 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.

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







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12. SHARES HELD BY COMPANY

Furnish the information below in respect of each company in which the applicant holds shares.

Name of	Reg. no	Type of	Purchase	Number	Date	Percentage	Current
company	of	shares	price of	of shares	acquired	ownership	market
	company	held	shares	held		held	value

13. FINANCIAL INTERESTS WHICH THE PRIMARY BUSINESS HAS IN ANY OTHER BUSINESSES, EXCLUDING SHARES

Describe below the nature and extent of any business interest the primary business has in any other
businesses.

14. 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.

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 13".

14.1 OFFICIAL ENOURY

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	
-----	----	--

es, provide deta				





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14.2 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:

Authorised signature_

Case	Nature of	Date	Name & address of	Court	Outcome	Sentence
Case	Nature of	Date	Name & address of	Court	Outcome	Sentence
number	charge or		Act enforcement	involved		
	complaint		agency			
		X				

15. 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:						



Authorised signature_

Western Cape Gambling and Racing Board Wes-Kaapse Raad op Dobbelary en Wedrenne Wedrenne Western Cape Under Cape Western Cape Western Cape Under Cape Western Cape Western Cape Western Cape

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: 16. INSURANCE 16.1. 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 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. **16.2.** Has the applicant ever owned property or a business which was damaged or destroyed by fire? Yes No





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If yes, provide details below in	ncluding the name of	the insurance compar	ny, the insurance broker, the
number of the insurance policy a	and the claim number.		
16.3. Has a claim of the applican	nt ever been investigated	by an insurance agen	acy?
	Yes No		
TO 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 4		
If yes, provide details below, in	icluding the policy num	ber, the insurance co	mpany and the reason for the
investigation.			
17. EXISTING LITIGATION			
Is the applicant, any owner,		rrently involved in an	y 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.



18. GAMBLING LICENCES

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

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.

19. 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.

Date of	Name & address	Type of licence,	Outcome of	Licence/other
application	of licensing	specifying nature	application	number & expiry
	authority	of activity		date



20. 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.

Type of licence	Name &	Action taken by	Date	Reason
or certificate	address of	the agency		
	authority			

21. INVOLVEMENT IN GAMBLING ACTIVITIES

Has the primary business ever been involved in any previous gambling activities, whether legal or illegal?

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

If yes, complete the table below.

Type of involvement	Details	Conviction	Admission of
involvement			guilt

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Aumorisea	signature	

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

The following documents must be appended to this application form:

22.1. Financial statements of the primary business for the past three years.

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.

22.2. Management accounts following the last audited financial statements / other ledger accounts in the case where audited statements are not a requirement to present date.

23. TAX INFORMATION

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

Income tax reference no	Tax authority location	
VATreference 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

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



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 returns covering those three years, the corresponding tax assessments and any attachments to the tax returns as well as a tax clearance certificate. Foreign businesses must furnish tax clearance certificates or the equivalent from the country of origin.





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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 12 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_

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AFFIDAVIT

I,	(full name), do hereby make oath and say that:		
1.	I am duly authorised to make this declar	ration on behalf of	
(nan	ne 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 th	ne qualification criteria.
3.	The particulars contained herein are to	the best of my knowledge and	d belief true and correct in
	every detail and I have fully disclosed the	ne information required in compl	leting this form.
	Signature of Deponent	Date	
I cer	tify that:		
The	Deponent has acknowledged that:		
1.	He/she knows and understands the conto	ents of this declaration;	
2.	He/she has no objection to taking the pr	escribed oath, and	
3.	He/she considers the prescribed oath to	be binding on his/her conscience	<u>.</u>
This	declaration was sworn / affirmed * before	me at	, on this day of
	(month),(y	rear).	
* De	elete which is not applicable		
	COMMISIONED OF OATHS		
No4e	COMMISIONER OF OATHS	was lution outhorisis a the size of	to evenute same
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	
	institutions, the Receiver of Revenue, credit bureaux, Act agencies, all agencies and inst	
	without exception, both domestic and foreign, and to whomsoever else this authorisation m	ay duly
	be presented.	
FRON	oM: (fi	111
1101	name and surname)	
	name and surname,	
	(ac	ddress)
	Date of birth:/Telephone/	
	I D noPassport no	
	I, being the duly authorised representative of("total authorised representative of(the
	Applicant"), HEREBY AUTHORISE the Chief Executive Officer of the Western Cape Gam	abling 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 creditwor	thiness,
	credit history, credit standing or credit capacity;	
	(b) any loan information, cheque account records, saving deposit records, safety depo	sit 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	r casino
	regulatory bodies;	
	(d) any court records relating to any present, past or pending civil or criminal court proceed	dings to
	which the Applicant is or was a party;	
	(e) any current and past employment records or correspondence relating to the Applicant, and	1
	(f) any other document, record or correspondence pertaining to the Applicant.	



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

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





Authorised signature_

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ACCESS TO TAX RECORDS

As the duly authorised repres	entative of		("Applicant"), I am	
aware that the confidentiality	y of income tax returns of t	the Applicant is protected	by Act. The Applicant	
therefore undertakes, upon re	quest by the Western Cape (Gambling and Racing Boar	rd ("Board"), to procure	
from the Receiver of Revenu	ue or any similar tax author	ity wherever located, which	ch has in its custody or	
possession any records perta	ining to the corporate tax r	eturns of the Applicant, s	uch of those records as	
may be requested by the	Board and to place the B	oard in possession there	of for the purposes of	
consideration of this applicati	on.			
Signed at	on this	day of	, 20	
			>	
For and on behalf of the App	licant:			
who warrants his/her a	uthority			
	$\langle \rangle$			
	Address of the Applicant			
Signature-Witness 1	Witness 1	Signature-Witness 2	Witness 2	
	Print name		Print name	
	'			
	Place :			
Note: This Authorisation must be accompanied by a Board resolution authorising the signatory to				
execute same.				