



BUSINESS ENTITY DISCLOSURE FOR A RENEWAL APPLICATION

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

Table with 2 columns: Licence type and selection box. Rows include Casino Operator licence, Manufacturer licence, Route Operator licence, Finding of suitability as a direct or indirect shareholder* in a Casino / Manufacturer/Route Operator, and Management company of a casino operator.

*A direct or indirect shareholder with a 5% or more financial interest in the applicant

Table with 2 columns: Field name and input area. Rows include Registered name of business, Trading name of business, and Date of completion of form.

Text box for: If applying as direct or indirect shareholder, state the name of the Casino / Manufacturer/Route Operator associated with

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

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

Authorised signature _____



**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 also be completed by the following corporate entities:

- a) any legal person holding a **direct or indirect** financial interest of 5% or greater in the Applicant;
- b) any legal person which has the power to exercise significant influence over the gambling business to be conducted by the Applicant. A person which may materially contribute towards the determination of policy in respect of the gambling business of an Applicant, or which may involve itself in, or materially in any way intervene in the management of such business, is regarded by the Board as exercising a significant influence over the gambling business of such Applicant. Should a direct shareholder of the Applicant therefore be dormant, a shelf company or purely conduit for funds between the Applicant and the controlling shareholder (s), only the latter should also complete this form.

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 company or close corporation which applies for specific licence 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 must be submitted to the Board (**no copies of the original application or the supporting documentation are required to be submitted**).
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.
8. All amounts must be in **South African Rands**. When converting from a foreign currency to South African Rand or if documents are included which reflect foreign currencies, convert at or quote the **exchange rate** with respect to South African Rand and quote the **date of the rate of exchange**.
9. If any details of the applicant, which are reflected in this application form, change before a licence/finding of suitability certificate has been issued by the Board, the Board must immediately be notified in writing.
10. All dates must be in the format: **Day / Month / Year**.

Authorised signature _____



1. DETAILS OF APPLICANT

Registered name	
Registration number	
Trading name	

Person to be contacted with regard to this application

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

Principal business address of the applicant

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	

Registered office of the applicant

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

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

Authorised signature _____



3. DESCRIPTION OF THE TYPE OF ENTITY

Indicate what type of legal entity the applicant is:

Limited liability company	
Public unlisted company	
Public listed company	
Foreign company registered as an external company in South Africa	
Close corporation	
Partnership	
Section 21 company	
Trust	
Corporation	

4. DOCUMENTATION REQUIRED

4.1 Where applicable, in the event that any changes were made to the following documents, submit certified true copies of the following:

- A. Memorandum and Articles of Association, Certificate of Incorporation, Founding Document, Charter, Shareholders’ Agreement, Partnership Agreement, Trust Deed, certificate(s) of legal name changes and all amendments thereto.
- B. All agreements concluded between the applicant and its shareholders and subsidiaries and between the applicant and other parties pertaining to gambling matters or activities.

5. QUALIFIERS

PLEASE NOTE:

A Personal History Disclosure (“PHD”) form must be completed by every person who is classified below or who qualifies in terms of paragraphs (a) or (b) of the “Application Instructions”. 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.

Casino / Manufacturer:

The Board of Directors, executive management, and all personnel of the South African office who qualify in terms of sections 56 and 57 of the Act as key or gambling employees, and all natural persons who are directly or indirectly beneficial owners of a 5% or greater financial interest in the applicant.

Authorised signature _____



5.1. INVOLVEMENT

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

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

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

Authorised signature _____



5.1.2 Indirect shareholding - list all the owners, being shareholders, members 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 _____



5.1.3. 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.

5.1.4. List the executive management of the applicant.

Full name	ID no/ passport no *	Designated position

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

6. DIAGRAMMATIC REPRESENTATION OF OWNERSHIP

If question 5 above indicates any entity as holding any shares, a partnership interest or any other ownership interest in the applicant, prepare a **diagrammatic flowchart** which illustrates the entire relationship of all the entities involved with the applicant as an attachment labeled “**Question 6**”. List all legal and natural persons, who each hold a direct or indirect financial interest of 5% or more in the applicant, clearly indicating the respective shareholdings in each entity, including the applicant. If the ultimate holding company of the applicant 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.

Authorised signature _____



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.

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, law enforcement agencies or gaming authorities?

Yes [] No []

Authorised signature _____



If yes, provide details below:

[Empty box for providing 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. The table is currently empty.

8. TRADE REGULATIONS AND SECURITIES JUDGMENTS

Has the applicant, its owners, officers or any of its subsidiaries (if the applicant is a company) ever had a judgment, consent, decree or consent order pertaining to a violation or alleged violation of trade regulations or securities Acts or similar Acts of any country, entered against it?

Yes [] No []

Authorised signature _____



If yes, complete the table below:

Case number	Name & address of court or agency	Nature of judgement, decree or order	Date entered

9. 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 legislation filed by or against it during the ten years preceding the date of this application?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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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 legislation during the ten years preceding the date of this application?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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If yes, provide details below:

Authorised signature _____



10. INSURANCE

10.1. 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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.

10.2. Has the applicant ever owned property or a business which was damaged or destroyed by fire?

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

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

Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide details below, including the policy number, the insurance company and the reason for the investigation.

Authorised signature _____



11. EXISTING LITIGATION

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

Yes			No	
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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.

12. 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.

Authorised signature _____



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	
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If yes, complete the table below.

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

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

The following documents must be appended to this application form:

14.1. Audited financial statements of the applicant for the past year.

14.2. Management accounts following the last audited financial statements to present date.

14.3. Organisational chart

Submit an organisational chart in respect of the applicant, which illustrates the organisational hierarchy and job descriptions with the names of all the incumbents, including all governance structures, e.g. audit and similar committees indicating all changes during the past year.

15. TAX INFORMATION

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

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*

Authorised signature _____



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?

Yes		No	
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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.

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 ____ / ____

I D 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 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.

Table with 6 columns: 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.

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 _____, _____

For and on behalf of the Applicant:

who warrants his/her authority

Address of the Applicant

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 _____