



## APPLICATION FOR A TEMPORARY NATIONAL EMPLOYEE LICENCE

### 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 FOR A TEMPORARY NATIONAL EMPLOYEE LICENCE**

**PART ONE: PERSONAL INFORMATION to be completed by Applicant**

Surname			Type of Licence	
Full Names			Key Employee	Gambling Employee
Date of Birth			<p align="center"><b>Please Note</b></p> <p>Attach a colour photograph here by stapling it to the form. Print name of Applicant and date photograph was taken on reverse of photograph</p>	
ID Number				
Home Address				
Name of Employer				
Date of Employment				
Have you ever been arrested, indicted for, charged with or convicted of a criminal offence in the Western Cape or any other jurisdiction?	<b>Yes</b>	<b>No</b>		

**PART TWO: BUSINESS ADDRESS WHERE APPLICANT WILL BE EMPLOYED to be completed by Employer**

Address				
Contact Person	Telephone number	Facsimile number	Cellular number	Email Address
Provide a description of the duties that the Applicant will perform				
Provide detailed reasons, if applicable, should the operations of the business be seriously prejudiced by a delay in appointing the Applicant or by the interruption of the Applicant's employment.				
Are you aware of any disqualifications in terms of Section 49 of the National Gambling Act, 2004 with regard to the Applicant?	Yes	No	If Yes, provide complete details:	
Will the Applicant apply for a permanent licence?	Yes	No	If No, provide complete details:	
If Yes, submit a new licence application fee with this form in terms of Section 32 of the Act.				

**PART THREE: I (THE APPLICANT) HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

<b>EMPLOYER SIGNATURE</b>		<b>APPLICANT SIGNATURE</b>	
<b>DATE</b>		<b>DATE</b>	
<b>WITNESS SIGNATURE</b>		<b>WITNESS SIGNATURE</b>	

FOR OFFICE USE ONLY			
GAMS ID No	CHIEF EXECUTIVE OFFICER		
Application No	APPROVED	NOT APPROVED	
SIGNATURE - CEO			