



Form LA 11 Page 1 of 2

LIMITED APPLICATION - AFFIDAVIT FOR A LICENSED GAMBLING EMPLOYEE TO BE UPGRADED TO A KEY EMPLOYEE

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.





Form LA 11 Page 2 of 2

DATE

LIMITED APPLICATION - AFFIDAVIT FOR A LICENSED GAMBLING EMPLOYEE TO BE UPGRADED TO A KEY EMPLOYEE

- 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.
- The applicant must be aware of the fact that he/she will be subject to a full probity in respect of any renewal following this application.
- Only the original of this document will be considered by Board.

SIGNATURE - EMPLOYER REPRESENTATIVE

| | ead the text below carefully before completing the Affidavi | | | | |
|---|--|-------|------------------------------|-------------------------|--|
| | low do not apply to you, delete the relevant paragraph and ve deleted the paragraph. In the event that there is any cor | | | | |
| | e condition(s) and briefly explain what action you have to | | | | |
| | cumentary proof thereof. | | | | |
| | (f. II) | | | | |
| I, (full names), ID no, hereby make an oath and declare as follows: | | | | | |
| an | oath and declare as follows. | | | | |
| 1. | I am currently the holder of a gambling employee licence is Board. | sued | I by the Western Ca | ape Gambling and Racing | |
| 2. | My current licence, number, expires | on _ | | (date of expiry). | |
| 3. | I hereby apply for a key employee licence. | | | | |
| 4. | Current position: Positi | on a | pplied for: | | |
| 5. | I have been employed by commencement of employment) and remained in the employ | since |) | (date of | |
| 7. 8. 9. 1 c a c 19 ha | 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. 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. During the period of validity of my current licence, no civil judgments have been taken or executed against me. 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. | | | | |
| | | | | | |
| | | | | | |
| | DATE | | COMMISIC | ONER OF OATHS | |
| E۱ | IPLOYER CONFIRMATION | | | | |
| I, rep | (full names of employer or the applicant as indicated above apployment records of the above employee for the purpose of coowledge, the contents of the above Affidavit are true. | e. İh | nave read the above <i>i</i> | | |
| | | | 1 | | |