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| EASTERN CAPE GAMBLING BOARD |
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FOR OFFICE USE ONLY

| | |
|------------------------------|---|
| Application No. | |
| Applicant/Registrant | |
| Licensee | |
| Registration No. | |
| Date of issue temporary card | |
| Date of check | |
| Date letter sent to SARS | |
| Date letter sent to SAPS | |
| Date of issue permanent card | |
| Application | <input type="checkbox"/> Granted <input type="checkbox"/> Refused |

SIGNATURE: _____

PERSONAL HISTORY DISCLOSURE FORM

1. This form is to be completed by:
 - (a) all applicants for employment to the Eastern Cape Gambling Board (“Board”);
 - (b) all directors of an applicant for a licence or registration in terms of the Eastern Cape Gambling Act, 1997 (“the Act”);
 - (c) in the case of a close corporation, all members thereof;
 - (d) all applicants for registration as key persons or gambling employees;
 - (e) all-natural persons who hold any direct or indirect interest of 5% or more in the applicant;
 - (f) all persons who may exercise significant influence over the applicant; and
 - (g) any other persons required to do so by ‘the Board’.
2. Read every question carefully before answering. Answer every question in full. If you fail to answer any questions or give incomplete answers, this form may be returned.
3. If a question does not apply to you, write N/A (for “Not Applicable”) in the space provided. If there is nothing to disclose about a particular question, write “None” in the space provided.
4. All entries on this form, except initials or 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 that page.
5. This form is to be completed by the Person applying for a licence or registration to be issued by the Eastern Cape Gambling Board.
6. All Persons completing this application form must submit with it a fingerprint report (SAP 91(a)), which is obtainable at any police station, as well as a photograph, taken at most ten (10) days prior to the completion of this form.
7. Foreign applicants or citizens residing outside South Africa must include a Police clearance certificate and certified translation from the Police authority in the jurisdiction in which they have been domiciled for the past ten (10) years.
8. The following documents relating to the person to whom this form relates must be attached -
 - (a) copy of identification document (photograph and particulars);
 - (b) copy of passport pages (Non RSA-Residents);
 - (c) copy of driver’s licence (if any);
 - (d) copy of firearm licence(s) (if any).
9. The Affidavit (page 19) must be signed in the presence of a Commissioner of Oaths, whilst the Authorisation and Access to Tax Records forms (page 20 to 22 respectively) must be signed in the presence of two (2) witnesses, who must also sign same.
10. If you need additional space to answer the questions, please use the pages provided. Be sure to indicate the number(s) of the questions(s) you are answering if you use this additional space.
11. All dates must be in the format: Day / Month / Year.
12. All amounts must be in South African Rands.

SIGNATURE: _____

13. You must immediately notify the Eastern Cape Gambling Board of any change of address. All notices regarding this application will be sent to the address that you provide on this form.
14. One copy of this form and the annexures thereto must be submitted with the original.

IMPORTANT NOTICE

1. You must immediately notify the Eastern Cape Gambling Board of any change of address. All notices regarding this application will be sent to the address that you provide on this form.
2. Any person who applies to the Board for identification as a qualifier and who is identified as such is required to submit to searches without a warrant when present on a licensed gambling facility pursuant to section 76 of the Act.
3. Information supplied to the Board, or otherwise obtained by it, is confidential and may not be revealed except, in the course of administering the Act, upon the lawful order of a court of competent jurisdiction. Nevertheless, an applicant or a licence holder waives any liability of the Eastern Cape Gambling Board, its instrumentalities and its agents, for any damages resulting from any disclosure or publication in any manner, other than a wilfully unlawful disclosure or publication, pursuant to section 76 of the Act.

IT IS GROUNDS FOR DENIAL OF ANY APPLICATION TO THE BOARD AND AN OFFENCE FOR ANY PERSON TO:

- **MAKE A FALSE STATEMENT OF A MATERIAL FACT, KNOWING IT TO BE FALSE;**
- **OMIT TO STATE ANY MATERIAL FACT REQUIRED TO BE STATED; OR**
- **PROVIDE MISLEADING INFORMATION.**

SIGNATURE: _____

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| PART 1: | PERSONAL HISTORY DISCLOSURE: APPLICANT |
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| Applicant Details | |
| Surname | |
| First Name(s) | |
| Maiden Name | |
| Title | |
| Gender | |
| Race | |
| Aliases, Nicknames, other name changes, legal or otherwise, you have used or by which you have been known | |

| | |
|---|--|
| Birth and Identity Information | |
| Date of Birth | |
| Age in Years | |
| Place of Birth (City/Province/ State and Country) | |
| South African Identity Number (where | |
| Foreign identity number (where | |
| <i>As an attachment clearly labeled Part 3, in the case of a foreign applicant, provide a copy of Work Permit or Residence Permit</i> | |

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| Passport Information and Citizenship | |
| Passport Number | |
| Country | |
| Place of Issue | |
| Date of Issue | |
| Date of Expiry | |
| Country/Countries of which you are a Citizen | |

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|---|--|
| Contact Numbers and Electronic Addresses | |
| Telephone Business | |
| Telephone Home | |
| Cell/ Mobile | |
| Email Address | |

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| Address Information | |
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| Present Residential Address (In relation to current workplace) | |
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| Present Business Address (Physical) | |
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List all addresses at which you have been permanently resident over the last five (5) years, beginning with your current address and working backwards:

| Period | | Street and Number | Suburb | City | Province/ State & Country |
|--------|----|-------------------|--------|------|---------------------------|
| From | To | | | | |
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| Marital Status |
| Married/Single/Divorced/Widow/Widower |

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| Details of Spouse/Partner <i>(This includes all marital unions or a relationship where you live together in a manner resembling a marital union)</i> | |
| Date of Marriage / Date of Commencement of living together (as above) | |
| Type Of Marriage (Marriage Certificate & ANC) | |
| Place where Married (if applicable) | |
| Full Name of Spouse/Partner | |
| Spouse/Partner's Maiden Name (if applicable) | |
| Place of Birth of Spouse/Partner | |
| Spouse/Partner's Occupation | |
| Name and Address of Spouse/Partner's Employer | |
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| Parents' Particulars | |
| Full Name of Father | |
| Father's Date of Birth | |
| ID Number | |
| Father's Occupation | |

SIGNATURE: _____

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|------------------------|--|
| Full Name of Mother | |
| Mother's Date of Birth | |
| ID Number | |
| Mother's Occupation | |

| Academic Information | |
|--|--|
| Highest Class of School Education Level Attained | |
| Name and Place of School | |
| Year Completed | |
| Name of Last Tertiary Institution Attended | |
| Professional Qualifications | |
| Year Completed | |
| Present Studies | |
| Name of Institution/School | |
| Date of Commencement | |

1.1 Arrests, Detention and Convictions (excluding minor traffic offences):

NB: It is very important that this part is answered correctly and honestly. Bear in mind that even where a fine was paid, or no jail term was served, or where a case was withdrawn, this should be disclosed if the incident occurred in the past ten (10) years from the date of completion of these forms. Non-disclosures are seen in a very serious light by the Board and will lead to disqualification.

Have you ever in the past ten (10) years, in South Africa or elsewhere been -

(a) Convicted of an offence (including a payment of a fine)? *Yes/No

(b) Arrested, detained, charged or summoned before a court to answer for any offence for any reason whatsoever, regardless of the outcome of the event (including the payment of a fine or withdrawal of a case)? *Yes/No

(c) If "yes" to either question, provide details below, listing all cases without exception:

| Nature of Offence | Province/State & Country | City/Town | Date of Offence | Result of Court Case or Hearing |
|-------------------|--------------------------|-----------|-----------------|---------------------------------|
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1.2 Civil Lawsuits and Related Matters

(a) Have you ever been a party in a civil lawsuit or are you aware of any such action that may be pending? *Yes/No

(b) Have you ever had a judgment returned against you? *Yes/No

(c) Has your salary, wages, earnings or other income ever been subject to garnishee order or attachment? *Yes/No

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| (d) | Have you ever had any article repossessed by a finance company? *Yes/No |
| <i>If "yes" to any of questions (a) to (d) above, furnish details as an attachment page clearly labeled Part 3.2.</i> | |

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| 1.3 Social Grants | |
| Are you receiving any social grant from the Government? * Yes/No | |
| <i>If "yes" as an attachment labeled Part 3.3 provide details of the Social Grant and a copy of the latest slip. If the salary is above the threshold determined by the relevant Minister, provide details of the Social Grant, a copy of the latest slip and proof of cancellation issued by South African Social Security Agency (SASSA) or copy of application thereof. <u>Note: It is the responsibility of the applicant to establish the threshold amount applicable at the time the application is made. Failure to disclose may lead to disqualification for non-disclosure thereof.</u></i> | |

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| 1.4 Employment/Business History | | | | | | |
|---|----|---------------------------------------|-----------|-----------------------|--------------------|----------------|
| Current Occupation | | | | | | |
| Beginning with your current employment, list your employment history, including all businesses with which you have been involved and periods of unemployment for the past ten (10) years: | | | | | | |
| Period | | Name and Address of Employer/Business | Job Title | Description of Duties | Reason for Leaving | Contact Person |
| From | To | | | | | |
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| Period | Name and Postal Address of Employer/Business | Job Title | Description of Duties | Reason for Leaving | Contact Person |
|--------|--|-----------|-----------------------|--------------------|----------------|
|--------|--|-----------|-----------------------|--------------------|----------------|

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**1.5 Have you ever been dismissed, discharged or asked to resign from any employment in an office of trust?
*Yes/No**

If "yes", complete the following:

| Date | Name and Address of Employer | Contact Person | Reason for Dismissal, Discharge or Resignation |
|------|------------------------------|----------------|--|
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SIGNATURE: _____

| 3.6 Personal References | | | | | |
|--|---------------|---------|------------|------------------|-------------|
| Nominate three persons who are not related to you and who have known you for a period preferably during the last 5 years and who may be asked to appraise your character and reputation: | | | | | |
| Surname | First Name(s) | Address | Occupation | Telephone Number | Years Known |
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SIGNATURE: _____

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| (a) | Have you ever been investigated or disciplined by a professional body or organisation for ethical misconduct or any other breach of their rules or regulations? *Yes/No |
| | If "yes", provide details: |
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| (b) | Have you ever been directly involved in the management of any entity that has been placed in liquidation, judicial management, a scheme of arrangement, or any other formal administration (including any pending arrangements)? *Yes/No |
| | If "yes", provide details: |
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| (c) | Have you ever been disqualified from acting as a director of a company under any provision of current or previous South African legislation or legislation of a foreign country? *Yes/No |
| | If "yes", provide details: |
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| (d) | To your knowledge, are you or have you ever been under investigation by any government and/or licensing authority? *Yes/No |
| | If "yes", provide details: |
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| (e) | Have you ever been granted a registration certificate as an employee in South African or elsewhere, by any licensing authority within the gambling industry? *Yes/No |
| | If "yes", provide details: |
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SIGNATURE: _____

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| (f) Have you ever applied for a registration certificate as an employee in South African or elsewhere, by any licensing authority within the gambling industry and withdrawn the application prior to final determination thereon by the government authority concerned? *Yes/No |
| If "yes", provide reasons for the withdrawal of the application: |
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| (g) Have you ever had a registration certificate as an employee in any gaming activity cancelled or suspended or, alternatively, has a licensing authority ever considered cancelling or suspending such registration certificate? *Yes/No |
| If "yes", provide details: |
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| (h) Do you have any application for a registration certificate as an employee to conduct any gaming activity awaiting final determination by any licensing authority? *Yes/No |
| If "yes", provide details: |
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| 1.7 Provide brief details of the position you will be holding in terms of this application: |
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| 1.8 Are you currently: |
| a) Appointed as a public servant, or are you a member of the South African Police Services or any official law enforcement agency in a gambling jurisdiction outside of the Republic? *Yes/No |
| b) A member of Parliament or any provincial legislature? *Yes/No |
| c) A member of a local authority or any council or board established in terms of the Constitution, including a member of the House of Traditional Leaders? *Yes/No |
| d) An office bearer or employee of any political part or organisation? *Yes/No |
| e) If "yes" to any of the questions (a) to (d) above, provide details: |
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SIGNATURE: _____

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| 1.9 Is your spouse/ partner in a relationship where you live together in a manner resembling a marital relationship: |
| a) Appointed as a public servant, or a member of the South African Police Services or any official enforcement agency in a gambling jurisdiction outside of the Republic? *Yes/No |
| b) A member of Parliament of any provincial legislature? *Yes/No |
| c) A member of a local authority or any council or board established in terms of the Constitution, including a member of the House of Traditional Leaders? *Yes/No |
| d) An office bearer or employee of any political party or organization? *Yes/No |
| e) If "yes" to any of the questions (a) to (d) above, provide details: |
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| 1.10 Are you at present, or were you during the preceding twelve months, a member of the Eastern Cape Gambling Board, or a member of its staff or an inspector of the Board? *Yes/No |
| If "yes", provide details: |
| |
| |
| 1.11 Are you a relative of a member of the Eastern Cape Gambling Board? *Yes/No |
| If "yes", provide details: |
| |
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NOTE: For the purposes of the question above, "relative" has the meaning assigned in the Act, which means any of the following, as the case may be:

- (a) A husband or a wife, any partner in a customary union according to indigenous law or any partner in a relationship where the parties live together in a manner resembling a marital relationship or a customary union;
- (b) Any child born out of any one of the unions referred to in (a) above, or any child born to one of the partners referred to in (a) above;
- (c) The parents of a person referred to in (a) and the parents of such person's husband, wife or partner referred to in (a).

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| 1.12 Have you ever been involved in illegal gambling in South Africa, or elsewhere in the world? *Yes/No |
| If "yes", provide details: |
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SIGNATURE: _____

| 1.13 Credit History | | | |
|---|----------------------------|------------------------------|----------------|
| Are you currently in default for payment of any debts incurred solely or jointly in your name? *Yes/No | | | |
| If "yes", provide details below: | | | |
| Creditor | Total Amount Owing (Rands) | Total Amount Default (Rands) | Number of Days |
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| Is any person, including any entity, in respect of whom you have given a guarantee, in default of any such agreement? If "yes", provide full particulars: |
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| To your knowledge, have you ever been refused credit or been the subject of an adverse credit rating? *Yes/No If "yes", provide full particulars: |
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| 1.14 Financial Information |
| a) Have you ever been declared insolvent or taken advantage of the laws relating to bankruptcy or insolvency? If "yes", provide full particulars: |
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SIGNATURE: _____

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| b) Are you a member of a corporate body that is subject to winding-up or judicial management? *Yes/No |
| If "yes", provide full particulars: |
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STATEMENT OF ASSETS AND LIABILITIES

STATEMENT OF ASSETS

AS AT (SUBMISSIONDATE)

*List all assets, movable and immovable, tangible or intangible, on the appropriate line below.
Enter the amount as at the date of this statement.*

| ASSETS | ORIGINAL COST/INVESTMENT | CURRENT ESTIMATED |
|-------------------------------|---------------------------------|--------------------------|
| | | |
| Cash and cash equivalent | R | R |
| Accounts Receivables | R | R |
| Investments | R | R |
| Interest in any business/s | R | R |
| Real Estate / Land / Property | R | R |
| | | |
| OTHER ASSETS | | |
| Furniture | R | R |
| Electronic Equipment | R | R |
| Other Assets | R | R |
| TOTAL ASSETS | R | R |

SIGNATURE: _____

| STATEMENT OF LIABILITIES | | |
|--|-----------------|----------------------|
| AS AT (SUBMISSION DATE) | | |
| <i>List all liabilities on the appropriate line below. Enter the amount as at the date of this statement. Each listed liability must be described fully on the appropriate schedule.</i> | | |
| LIABILITIES | ORIGINAL AMOUNT | CURRENT MARKET VALUE |
| Accounts Payable (credit cards etc.) | R | R |
| Mortgage Payable | R | R |
| Real Estate | R | R |
| Other Liabilities | R | R |
| TOTAL LIABILITIES | R | R |
| NET WORTH | R | |
| <i>Where total liabilities exceed total assets (negative net worth) an explanation must be provided as to the reasons and the measures taken by the applicant to address this deficit.</i> | | |

AFFIDAVIT

I, _____

(Full names)

do hereby make oath and say that:

- (a) I have taken cognisance of and understand the rights and duties pertaining to the Licence applied for, as set out in the Eastern Cape Gambling Act, 1997, and the Eastern Cape Gambling Regulations 1998 (Provincial Notice No. 202 of 2020) (“the Regulations”) (as amended;
- (b) I am the Person identified in this form;

SIGNATURE: _____

- (c) I have personally completed this form and have supplied all the information indicated herein;
and
- (d) the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

SIGNATURE OF DEPONENT

I certify that:

The Deponent has acknowledged that:

- (i) He/she knows and understands the contents of this declaration:
- (ii) He/she has no objection to taking the prescribed oath, and
- (iii) He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn to/affirmed * before me at _____ on this ____ day of _____, _____.

COMMISSIONER OF OATHS

*Note: Delete what is not applicable

SIGNATURE: _____

ACCESS TO TAX RECORDS

I am aware that law protects the confidentiality of income tax returns. I undertake, upon request by the Eastern Cape Gambling Board (“the Board”), to procure from the South African Revenue Services or any similar tax authority wherever located, which has in its custody or possession any records pertaining to me, such of those records as may be requested by the Board and to place the Board in possession thereof for the purposes of the consideration of this application.

Taxpayer’s Signature

Date

Full Names

Address

City, Province/State, postal code

Income Tax Number

Identity Document Number

Employer Identification number (if applicable)

Witness 1:

Witness 2:

Signature: _____

Signature: _____

(Name of witness)

(Name of witness)

SIGNATURE: _____



SIGNATURE: _____