

**EASTERN CAPE  
GAMBLING BOARD**

**APPLICATION FOR AMENDMENT OF LICENCE CONDITION**

SIGNATURE: \_\_\_\_\_

## APPLICATION INSTRUCTIONS

1. This application form is to be completed by any person who wishes to apply for amendment of a licence condition and submit an application on the Gambling Regulation System (GRS) at [www.ecgbgrs.co.za](http://www.ecgbgrs.co.za).
2. Read this entire form carefully before answering any of the questions. Any incomplete or inaccurate answer may result in no action being taken on the application, or denial of the application.
3. A loose-leaf copy of the Application must be supplied as an attachment for public inspection, with the appropriate confidential pages removed.
4. For the purposes of this application, “enterprise” is defined to include any corporation, company, association, operation, firm partnership, trust or other form of business association, and any sole proprietor or natural person.
5. Answer every question fully and truthfully. Do not leave any blank spaces. If a question does not apply to you, indicate N/A (for “Not Applicable”) in response to that question. If there is nothing to disclose about a particular question, write “None”.
6. All entries on this form, except signatures, must be typed or block-printed in black ink. If your application is not legible, it will not be accepted.
7. Sign each page of this form in the space provided, once you have checked your answers and are sure they are complete and correct.
8. If you need additional space to answer any question(s), please use the blank page provided at the end of this form. Be sure to indicate the number(s) of the question(s) you are answering if you use this additional space. Annexures may also be added hereto.
9. Sign the Statement of Truth and all Release Authorisation Forms in the presence of a notary public and have both your signatures notarised.

### 10. Confidentiality

In terms of section 25 of the Eastern Cape Gambling Act, 1997 (“the Act”), any application, representations, responses and further information lodged in terms of sections 20 to 24 of the Act, shall be open to public inspection within fourteen (14) days of their lodgement for a period of 3 months and the period specified in the Act from the date of publication of the section 21 notice by the Chief Executive Officer (“CEO”).

The Eastern Cape Gambling Board (“the Board”) has determined in terms of section 25(2) of the Act, that:

- (a) any document or information relating to the financial capacity of any person participating in an application, to the names of prospective employees or to the business plans of an Applicant, shall not be open to public inspection: Provided such information can be separated from the remainder of the application and is marked “confidential”; and
- (b) the identity of any person who lodged representations in relation to an Application shall not be divulged to any other person.

SIGNATURE: \_\_\_\_\_

## 11. Fee payments and costs

The non-refundable Application fee is R\_\_\_\_\_ (refer to revised fees as gazetted 18 December 2017).

An initial investigation deposit of **R65 000.00** will be required from the Applicant presented with the submission of its Application in respect of the Board's reasonable fees and expenses to conduct the investigation as contemplated in section 20(5) of the Act (including, but not be limited to, the fees and expenses of the members of the Board). The Board reserves the right to request additional deposits from the Applicant.

All payments must be made by electronic transfer, no cash or cheques will be accepted. The Applicant shall ensure that the funds are cleared into the bank account of the Board, by no later than three (3) days prior to the Submission Date. Any Application not accompanied by proof of payment of the above Application fee and investigation deposit will be rejected outright.

### 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 amendment of a licence condition is required to submit to searches without a warrant when present on licensed premises pursuant to section 76 of the Eastern Cape Gambling Act, 1997 ("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 Eastern Cape Gambling Act, 1997.

SIGNATURE: \_\_\_\_\_

APPLICATION FOR AMENDMENT OF LICENCE CONDITION

I, \_\_\_\_\_ on behalf of the applicant hereby apply in terms of the Eastern Cape Gambling Act, 1997 , for amendment of the licence condition of the applicant set out below and confirm being aware of and understanding the provisions of the said Act and Regulations, insofar as they pertain to this application.

Full name of applicant \_\_\_\_\_

\_\_\_\_\_

Physical business address \_\_\_\_\_

\_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Telefax number \_\_\_\_\_

E-Mail address \_\_\_\_\_

Provide current licence number (if applicable):

\_\_\_\_\_

Provide previous licence numbers (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME AND REGISTRATION NUMBER OF APPLICANT

<p>_____</p> <p>*Name as appears on or in the certificate of incorporation, memorandum of incorporation, founding statement or other official document. DO NOT ABBREVIATE</p>
---

TRADE NAME(S)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person to be contacted with reference to these forms:

NAME	
TITLE	TELEPHONE NO. (INCLUDE AREA CODE)

SIGNATURE: \_\_\_\_\_

The principal business address of the Applicant:

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
COUNTRY	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)		
MAILING ADDRESS (IF DIFFERENT)	CITY	PROVINCE/STATE	POSTAL CODE

The addresses from which the Applicant is or will be conducting any business and which the applicant requires to be licenced:

**ADDRESS 1**

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
COUNTRY	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)		

**ADDRESS 2**

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
COUNTRY	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)		

**ADDRESS 3**

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
COUNTRY	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)		

**ADDRESS 4**

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
-------------------------------------	------	----------------	-------------

SIGNATURE: \_\_\_\_\_

COUNTRY	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)
---------	--

Condition or term of licence the Applicant seeks to amend:

Clause No.: \_\_\_\_\_  
Which reads: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clause No.: \_\_\_\_\_  
Which reads: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clause No.: \_\_\_\_\_  
Which reads: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Proposed amendment or addition:

Amendment 1:

---

---

---

---

---

---

---

---

---

---

Amendment 2:

---

---

---

---

---

---

---

---

---

---

Amendment 3:

---

---

---

---

---

---

---

---

---

---

Reasons for proposed amendment:

SIGNATURE: \_\_\_\_\_









**AFFIDAVIT**

PROVINCE/STATE OF \_\_\_\_\_

COUNTRY OF \_\_\_\_\_

I, \_\_\_\_\_, hereby

acknowledge that I am aware that the Board may deny an application of any Applicant that supplies information to the Board which is untrue or misleading as to a material fact pertaining to the application concerned.

Further I, \_\_\_\_\_, hereby  
(NAME)

swear (or affirm) that the foregoing statements made by me on behalf of

\_\_\_\_\_ are true.  
(NAME OF ENTERPRISE)

I am aware that if any of the foregoing statements made by me are wilfully false, I will be subject to the penalty attendant upon perjury.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(TYPE, STAMP OR PRINT NAME)

\_\_\_\_\_  
TITLE OR POSITION

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
Seal of Authority of Notary

SIGNATURE: \_\_\_\_\_