

APPLICATION FOR DELETION OF PREMISES FROM A LICENCE

SIGNATURE: _____

(ecgb/delprem)

APPLICATION INSTRUCTIONS

1. Any person who wishes to apply for a deletion of premises from a licence shall complete and submit an application on the Gambling Regulation System (GRS) at <https://ecgbgrs.org.za/>;
2. Read the instructions 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. Each Application must be completed in English by the authorized representative of the Applicant.
4. a loose-leaf copy of the Application must be supplied as an attachment for public inspection, with the appropriate confidential pages removed.
5. 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.
6. 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”.
7. Complete the Statement of Truth and all Release Authorisation section; and
8. Refer to Schedule II Part A of the Eastern Cape Gambling Act, 1997 (as amended) (“the Act”) as well as any notice issued by the Board from time to time for the applicable non - refundable application fee.

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 a licence as a bookmaker is required to submit to searches without a warrant when present on licensed premises pursuant to section 76(1) 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.

APPLICATION FOR DELETION OF PREMISES

I, _____ on behalf of the applicant hereby apply in terms of the Eastern Cape Gambling Act, 1997, for deletion of premises from a licence 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 _____

For and on behalf of the applicant

Date

(who warrants his authority)

Name (Print)

Capacity of signatory

APPLICATION FOR DELETION OF PREMISES

Type of licence (i.e. bookmaker, totalisator, etc.):

Provide current licence number (if applicable):

Provide previous licence numbers (if applicable):

NAME AND REGISTRATION NUMBER OF ENTERPRISE

| |
|---|
| <hr/> <p>*Name as appears on or in the certificate of incorporation, memorandum, articles, 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) |

CURRENT PREMISES

The principal business address of the enterprise:

| | | | |
|-------------------------------------|--|----------------|-------------|
| 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 |

Current/ existing premises licensed by the Board:

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 |
|-------------------------------------|------|----------------|-------------|

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

ADDRESS 5

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

ADDRESS 6

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

ADDRESS 7

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

ADDRESS 8

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

PREMISES TO BE DELETED IF APPLICATION IS SUCCESSFUL

Premises which the enterprise intends to DELETE from the licence if the application is successful:

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

ADDRESS 5

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

ADDRESS 6

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

ADDRESS 7

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

ADDRESS 8

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

- A. State all other addresses currently occupied/held by the enterprise and all addresses from which the enterprise is currently conducting business.

| NUMBER AND STREET | CITY | PROVINCE | POSTAL CODE |
|-------------------|------|----------|-------------|
| | | | |
| | | | |

- B. State all addresses, other than those listed above, which the enterprise occupied/held or from which it was conducting business during the last ten (10) years and give the approximate periods of time during which such addresses were occupied/held.

| NUMBER AND STREET | CITY | PROVINCE | POSTAL CODE | FROM | TO |
|-------------------|------|----------|-------------|------|----|
| | | | | | |
| | | | | | |
| | | | | | |

ITEM 1. DECLARATION

Pursuant to the regulations of the Board, this form must be sworn to or affirmed by the Applicant or an authorised representative of the Applicant.

DECLARATION

I, _____ the

authorized representative of the Applicant hereby acknowledge that I am aware that the Board may deny a licence or registration to any applicant that supplies information to the Board which is untrue or misleading as to a material fact pertaining to the qualification criteria.

Further, I hereby swear (or affirm) that the foregoing statements made by me on behalf of the Applicant are true. 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.

ITEM 2. RELEASE AUTHORISATION - NOTICE

Each Applicant or representative thereof must acknowledge the release of information and notice below.

A copy of the resolution by the company or close corporation authorising the person referred to above must be attached hereto.

RELEASE AUTHORISATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Education Institutions, Banks, Financial and other Such Institutions, and all Government Agencies - State, Provincial and Local, without exception, both foreign and domestic.

On behalf of the Applicant,

I, _____, have

authorised the Eastern Cape Gambling Board to conduct a full investigation into the background of the said Applicant.

Therefore, you are hereby authorised to release any and all information pertaining to that Applicant, either documentary or otherwise, as requested by any employee or agent of the Eastern Cape Gambling Board, provided that he or she certifies to you that Applicant has an application pending before the Eastern Cape Gambling Board or that that Applicant is currently a licence holder or registrant required to be qualified under a provision of the Eastern Cape Gambling Act, 1997, or has an application pending before the Eastern Cape Gambling Board.

This authorisation supersedes or countermands any prior request or authorisation to the contrary.

NOTICE

1. Information supplied to the Board or otherwise obtained by it is confidential and may not be revealed, except in the course of administering the Gambling Act, 1997 (Act No. 5 of 1997) (Eastern Cape) or upon the lawful order of a court of competent jurisdiction. Nevertheless, an applicant or a licence holder or registrant exempts the Eastern Cape Gambling Board and its instrumentality and agents from liability for any damages resulting from any disclosure or publication in any manner.
2. An applicant for, or holder of, a licence or registration under the Eastern Cape Gambling Act, 1997, is subject to inspections, searches and seizures as authorised by the Act and by the Eastern Cape Gambling Regulations 1998 (Provincial Notice No. 202 of 2020) ("Regulations"). More specifically, section 4(1) of the Act empowers the Board to gather information from any source or person regarding the suitability of the applicant to hold a licence or be registered and the suitability of the premises in respect of which the application has been made.
3. In terms of Regulation 9 of the Eastern Cape Gambling Regulations, 1998, any person who submits an application to the board for registration shall be liable for and pay to the board all expenses incurred by the board in investigating the applicant : Provided that in the case of employee registrations, the employer shall pay the investigating expenditure but the employee will be liable to the employer for one half of the expenses should he leave the employ of the employer within six (6) months.

Receipt of notice acknowledged on behalf of the Applicant:

(NAME OF REPRESENTATIVE)