

EASTERN CAPE GAMBLING BOARD

FOR OFFICE USE ONLY

DATE RECEIVED:

NAME OF THE APPLICANT

APPROVED / DISAPPROVED

APPLICATION FEE PAID
R

REGISTRATION NO.:

SIGNED :

APPLICATION FOR REGISTRATION OF A GAMBLING DEVICE / TRANSFER OF REGISTRATION OF A GAMBLING DEVICE

SIGNATURE: _____

**APPLICATION FOR GAMBLING DEVICE REGISTRATION /
TRANSFER OF REGISTRATION (DELETE ONE)**

I/We hereby apply in terms of the Eastern Cape Gambling Act, 1997 (“the Act”) for **registration / transfer of registration (DELETE ONE)** of the gambling device contemplated in terms of section 65(a) of the Act and confirm being aware of an understanding the provisions of the said Act and the Regulations and Rules made thereunder, insofar as they pertain to this application.

1. BUSINESS ADDRESS OF APPLICANT _____

2. TELEPHONE NUMBER _____

3. MAKE OF DEVICE _____

4. MODEL NUMBER _____

5. MANUFACTURER’S SERIAL NUMBER _____

6. SABS CERTIFICATION NUMBER _____

7. NAME OF PERSON / SUPPLIER FROM WHOM
OBTAINED _____

8. ADDRESS OF SUPPLIER/RECIPIENT _____

9. SUPPLIER’S/RECIPIENT’S LICENCE OR
REGISTRATION NUMBER _____

10. DATE OF ACQUISITION _____

11. BASIS OF ACQUISITION _____

12. ADDRESS AT WHICH DEVICE IS CURRENTLY LOCATED _____

SIGNATURE: _____

13. ADDRESS AT WHICH DEVICE WILL BE OPERATED/REMOVED TO (DELETE ONE)

I CONFIRM THAT THE APPLICANT WISHES TO -

- *(a) OBTAIN TRANSFER OF THE ABOVE MACHINE FROM THE ABOVE SUPPLIER; AND
- (b) TRANSFER THE ABOVE MACHINE TO THE ABOVE RECIPIENT.

NOTE *Payment of the licence / transfer of licence fee set down in the Act must accompany this application.*

CERTIFICATION

I, _____
(FULL NAME OF DECLARANT)
of _____
(ADDRESS OF DECLARANT) certify that: -

- 1. I am the **applicant / authorised to represent the applicant** (DELETE ONE) identified in question 1 of the attached application.
- 2. I have personally completed the attached application or have supplied all the information required.
- 3. To the best of my knowledge and belief, the information supplied in the attached application is true and correct in every detail and all information required to complete the attached application has been disclosed.

SIGNED AT ON

SIGNATURE

SIGNATURE OF WITNESS

NAME OF WITNESS (PRINT)

SIGNATURE: _____

I AGREE TO THE ABOVE TRANSFER OF LICENCE (DELETE IF NOT APPLICABLE)

SUPPLIER (IF APPLICABLE)

FULL NAMES:

SIGNATURE: _____