

**APPLICATION FOR EXCLUSION OF THIRD
PERSON FROM GAMBLING PREMISES**

This application must be signed before a Commissioner of Oaths. A copy of the page on which the applicant's photograph appears in his/her identity book/passport must accompany this application.

1. I, _____ (FULL NAME) hereby apply to _____ to have _____ (“the punter”) added to the exclusion list for exclusion from the gambling premises detailed below.
2. I further wish to have the punter added to the exclusion lists maintained by the Provincial Gambling Boards marked below: *(if applicable)*

EASTERN CAPE GAMBLING BOARD	
FREE STATE GAMBLING & LIQUOR AUTHORITY	
GAUTENG GAMBLING BOARD	
KWAZULU-NATAL GAMBLING & BETTING BOARD	
MPUMALANGA ECONOMIC REGULATOR	
NORTHERN CAPE GAMBLING BOARD	
NORTH WEST GAMING BOARD	
WESTERN CAPE GAMBLING & RACING BOARD	

and wish that a copy of this application be forwarded to such Provinces.
 YES NO

3. I wish the punter to be excluded from:

(a)	ALL LICENSED PREMISES	
(b)	ALL LICENSED CASINOS	
(c)	ALL LICENSED TOTALISATOR OUTLETS	
(d)	ALL LICENSED BOOKMAKER PREMISES	
(e)	ALL LICENSED BINGO HALLS	
(f)	ALL LICENSED GAMBLING MACHINE SITES	
(g)	THE SPECIFIC PREMISES INDICATED	

4. Length of exclusion required (*minimum 1 year*): _____
5. In the case of 3(g) please indicate the premises from which you seek the punter to be excluded:

(a)	
(b)	
(c)	
(d)	
(e)	
(f)	
(g)	

6. My details are as follows:

FULL NAMES:	
DO YOU HAVE ANY OTHER NAMES OR ALIASES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, LIST THESE NAMES OR ALIASES:	
DATE OF BIRTH:	
IDENTITY NUMBER:	
ADDRESS:	
POSTAL CODE:	
TELEPHONE No.:	(HOME)
	(WORK)
	(CELL)
E-MAIL ADDRESS:	
GENDER:	M <input type="checkbox"/> F <input type="checkbox"/>

7. The details of the punter I wish to have excluded for gambling purposes are:

FULL NAMES:	
DOES HE/SHE YOU HAVE ANY OTHER NAMES OR ALIASES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, LIST THESE NAMES OR ALIASES:	
DATE OF BIRTH:	
IDENTITY NUMBER:	
ADDRESS:	
POSTAL CODE:	
TELEPHONE NO.:	(HOME)
	(WORK)
	(CELL)
E-MAIL ADDRESS:	
GENDER:	M <input type="checkbox"/> F <input type="checkbox"/>
HEIGHT:	
WEIGHT:	
HAIR COLOUR:	
EYE COLOUR:	
DISTINGUISHING MARKS	

10. Why do you believe the punter suffers from a gambling problem?

11. Where does the punter most often gamble?

12. How often does the punter gamble (per week/per month)?

PER WEEK/PER MONTH

13. What is the total income of the punter (per week/per month)?

PER WEEK/PER MONTH

14. How much is the net income of the punter (per week/per month)?

PER WEEK/PER MONTH

15. Approximately how much does the punter lose gambling per week/month?

PER WEEK/PER MONTH

16. On a separate sheet, list the approximate monthly income and expenditure of the punter and his dependants.

DETAILS OF ALL AVAILABLE PROOF OF THE PUNTER'S INCOME AND EXPENDITURE MUST BE ANNEXED HERETO.

21. State of housing available for dependants:

22. State of nutrition of dependants:

23. Do you regard gambling as the sole or main cause of the dependants being deprived of shelter or food?

YES NO

Motivate your answer below:

24. Do you believe the punter has a gambling addiction?

YES NO

25. If yes, what reasons do you have to believe this?

26. If you answered yes to the last question, do you believe the punter is able to appreciate he/she has a gambling addiction?

YES NO

27. If no, why do you hold this view?

28. Do you believe the punter knows he/she has a gambling addiction but is simply unable to stop themselves gambling?

YES NO

29. If yes, why do you believe this?

30. Names and contact details of any other person(s) who you believe can assist the Board in investigating this complaint.

NAME	CONTACT DETAILS

31. Please find herewith a most recent colour head and shoulders photograph of the punter.

HEAD AND SHOULDERS

(Affix photograph here)

32. Waiver and Release

I hereby release and forever discharge:

- (a) the Provincial Governments of any Province to whose gambling authority this form is submitted or transmitted at my instance or request.
- (b) the Provincial Gambling Licensing Authorities to whom this form is submitted at any instance or request.

(c) all gambling licensees from which I seek the punter to be excluded,

and their employees and agents from any liability to me or my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for exclusion or my request for removal from the exclusion list, including its processing and enforcement, the failure of a licence holder to withhold gambling privileges from or restore gambling privileges to the punter, permitting the punter to engage in gambling activity on licensed premises whilst on the list of excluded persons and disclosure of information on the exclusion request or list, except for a wilfully unlawful disclosure of such information.

33. I confirm that:

- (a) I know and understand the contents of this application.
- (b) I know and understand the effects of this application being successful.
- (c) in making this application I am of my full sober mind and senses.
- (d) the information I have provided above is true and correct.
- (e) I have read, understand and agree to the waiver and release included in this application.
- (f) the signature below authorises the Provincial Gambling Board to which this form is submitted to investigate the application for exclusion from licensed premises in its jurisdiction and further transmit this request to similar authorities in other Provinces which are authorised to do likewise.
- (g) it will be necessary for the Provincial Gambling Board and any similar authority in another Province to make my identity known to the punter.

SIGNED at _____ on this _____ day of _____, 20_____.

APPLICANT

I certify that the Applicant has acknowledged that:

- (a) he/she knows and understands the contents of this declaration.
- (b) he/she has no objection to taking the prescribed oath; and
- (c) he/she considers the prescribed oath to be binding on his/her conscience.

SIGNED at _____ on this _____ day of _____, 20_____.

COMMISSIONER OF OATHS

DESIGNATION:	
FULL NAMES:	
ADDRESS:	
OFFICE:	