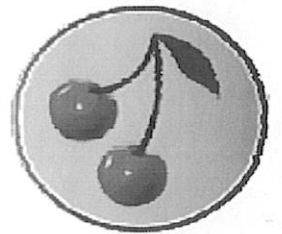


PUBLIC COPY

PIONEER

Slots




K2020507301(PTY)LTD T/A LITTLE SWALLOWS

**EASTERN CAPE
GAMBLING AND BETTING BOARD**

**APPLICATION FOR SITE A LICENCE
(3 TO 5 LIMITED GAMBLING MACHINES)**

SIGNATURE: _____



(ecgbb/SiteA)

APPLICATION INSTRUCTIONS

1. This application form is to be completed by any person who wishes to apply for a site A licence to expose three to five limited gambling machines for play.
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. The original master copy of the Personal History Disclosure Forms and Business History Disclosure Forms required by this form shall be submitted with one 1 (one) numbered copy of each original.
4. Except for the Personal History Disclosure Forms and Business History Disclosure Forms and annexures thereto which must accompany this application, each application shall consist of —
 - (a) The original master copy of this form and twelve numbered copies of this completed application form and annexures thereto: Provided that, in total, only two copies of any tax return and lease needs to be supplied.
 - (b) In addition, three copies of pages 4 to 11 (inclusive) of the application and the annexures required by Items 3 and 4 must be submitted for public inspection, with the appropriate confidential information removed or blanked out.

The application will be deemed incomplete and will not be processed if the relevant copies are not included.

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. 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.
8. Sign each page of this form in the space provided, once you have checked your answers and are sure they are complete and correct.
9. 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.
10. Sign the Statement of Truth and all Release Authorisation Forms in the presence of a notary public and have both your signatures notarised.

SIGNATURE: _____



2

(ecgbb/Site A)

IMPORTANT NOTICE

1. You must immediately notify the Eastern Cape Gambling and Betting 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 site licence is required to submit to searches or inspections with or without a warrant when present on licensed premises pursuant to section 76(1) of the Eastern Cape Gambling and Betting Act, 1997 (Act No. 5 of 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 and Betting 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 and Betting Act.

SIGNATURE: _____



LA 20

SITE A LICENCE APPLICATION

I, Byron Lincoln Shepherd on behalf of the applicant hereby apply in terms of the Gambling and Betting Act, 1997 (Eastern Cape), for a site 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	K2020507301 (eb) [By] Ued
Physical business address	Shop 5, Capo View
	Old Capo Road
Postal address	
Telephone number	[REDACTED]
Facsimile number	
E-mail address	[REDACTED]
	For and on behalf of the applicant
	
06-03-2026	
Date	(who warrants his authority)
Byron Shepherd	Owner
Name (Print)	Capacity of signatory
Does the route operator know of this application?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of route operator	Pioneer Slots
Signature on behalf of route operator	
Name of route operator representative	Golden Magxaki

SIGNATURE: _____



APPLICATION FOR SITE A LICENCE

LA 20

Provide current licence number (if applicable):

Provide previous licence numbers (if applicable):

N/A

Name and identity or registration number of applicant

K2020507301 (South Africa) (Pty) Ltd

*Name as appears on or in the certificate of incorporation, memorandum, articles, founding statement or other official document. DO NOT ABBREVIATE

Trade Name(s) Little Swallows

Person to be contacted with reference to these forms:

NAME	Byron Linton Shepherd	
TITLE	Director	TELEPHONE NO. (INCLUDE AREA CODE)
		[REDACTED]

SIGNATURE: 

LA 20

The principal business address of the enterprise:

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
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 licensed as a site:

PREMISES OF SITE INTENDED TO BE LICENSED

STREET LOCATION (NUMBERS/STREET)	CITY	PROVINCE/STATE	POSTAL CODE
GPS LOCATION	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)		
NAME OF OWNER OF PREMISES AND DETAILS			
NAMES AND DETAILS OF INTERMEDIATE LESSORS			
NUMBER OF MACHINES INTENDED TO BE OPERATED	3 - 5		

SIGNATURE: _____



6

(ecgbb/Site A)

LA 20

ITEM 1 OTHER NAMES AND ADDRESSES OF THE ENTERPRISE

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

ITEM 2 DESCRIPTION OF PRESENT BUSINESS

On an attachment page labelled ITEM 2, describe the current and intended business to be done by the applicant.

Detail the name of the present primary business performed.

Do you intend to change the name of the business to be performed if the application is successful? If so, please give details of the business intended to be done.

ITEM 3 PREVIOUSLY DISADVANTAGED INDIVIDUALS

A. Give details of ownership of principal business by previously disadvantaged individuals, including:

SHAREHOLDERS OF PRINCIPAL BUSINESS

NAME	PDI (YES/NO)	PERCENTAGE SHARE OF PROFITS	PERCENTAGE SHAREHOLDING
Byron Linton Shepherd	No	[REDACTED]	[REDACTED]

B. Are any persons listed in A not black persons? Yes No

If yes, supply:

SIGNATURE:  _____

7

LA 20

NAME	ADDRESS
Byron Lindon	[REDACTED]
Shepherd	[REDACTED]
	[REDACTED]

C. Are any persons not listed in A entitled to share of profit? Yes No

If yes, list these persons and their entitlement to profit

NAME	SHARE OF PROFITS
N/A	

SIGNATURE:  _____

LA 20

- D. Are any persons entitled to an agreed minimum income (including salary) out of the business before profits are divided? Yes No

If yes, state:

NAME	DETAILS OF MINIMUM ALLOWED
N/A	

- E. Will any persons not listed above be entitled to a share of the profits/revenue of:

- (a) principal business;
 (b) gaming machine operation? Yes No

If yes, supply:

NAME	ADDRESS	BASIS OF ENTITLEMENT
VUKANI GAMING (PTY) LTD	13 A, Pickering Street, Newton Park, Port Elizabeth.	60% OF GAMING REVENUE

SIGNATURE: _____



ITEM 4 SITE LOCATION AND SIZE (TO BE INCLUDED IN AN ANNEXURE MARKED 4A, 4B ETC)

- A. Applicants shall describe the overall design of the proposed premises in terms of:
- i. its size and prominence in terms of location and visibility;
 - ii. nearby land uses including details of any schools, churches, shopping centres and/or social institutions; and
 - iii. the proportion of the total premises which will be used for gambling machine operations.
- B. Site and locality plans, including a floor plan of the premises indicating those portions on which limited gambling machine activities shall be conducted and which need to be licensed, shall be provided.
- C. Plans or maps showing how the limited gambling machine business fits into surrounding areas are to be provided.
- D. Local authority comments on land rights and zoning shall be provided.
- E. Premises that provide for all facilities to be of a quality standard sufficient to satisfy the expectations of local citizens will best achieve the Board's development and design objectives for sites. This would include adequate public facilities.
- F. Applicants should summarise how their gambling business on those premises is likely to impact on the surrounding neighbourhood environment and land uses.

ITEM 5 SOCIAL AND ECONOMIC BENEFITS

- A. How would the issue of a licence to the applicant:
- (a) Provide entertainment facilities for the enjoyment of the public other than the operation of limited gambling machines?

Music, selling of alcoholic beverages

(b)

SIGNATURE:  _____

LA 20

Provide details of steps that will be taken to provide for the security of customers inside the premises.

Alarm system is in place

(c) Provide details of steps that will be taken to exclude under 18's and excluded persons from the gambling area.

No under 18 signage will be visible and id's will be produced if under age is suspected.

(d) Provide details of the applicant's social responsibility objectives and strategies relating to the issue of problem gambling.

Responsible gambling pamphlets will be displayed on site. Posters will also be visible

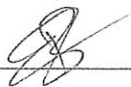
B. Are there other factors of which the applicant is aware which would make it desirable or undesirable to grant it a licence?

Yes No

If yes, provide details:

N/A

SIGNATURE: _____



11

(ecgbb/Site A)

ITEM 6 QUALIFIERS

Please indicate all persons or entities in your enterprise that correspond to the sub-items listed below. If any of sub-items A to F do not apply, please indicate N/A (for "Not applicable") directly on this form.

NOTE 1: WHERE THE APPLICANT IS A NATURAL PERSON, HE/SHE MUST COMPLETE A PERSONAL HISTORY DISCLOSURE FORM (FORM LA 2).

NOTE 2: WHERE THE APPLICANT IS NOT A SOLE TRADER IT MUST COMPLETE A BUSINESS HISTORY DISCLOSURE FORM (FORM LA 3).

NOTE 3: IN ADDITION TO THE ABOVE THE FOLLOWING PERSONS ARE ALSO REQUIRED TO SUBMIT PERSONAL HISTORY DISCLOSURE FORMS OR BUSINESS HISTORY DISCLOSURE FORMS:

- A. In the case of a sole trader or partnership, such sole trader or partners.
- B. All officers of the enterprise.
- C. All directors or trustees of the enterprise.
- D. In the case of a close corporation, all members of such close corporation.
- E. All employees of the enterprise who will deal with members of the public in regard to the gambling operations.
- F. All beneficial owners of 5% or more of the outstanding voting and non-voting securities of the enterprise, whether such owners are themselves legal or natural persons.
- G. If a person listed in A is married in community of property, the spouse of such person.

NOTE 4: NOTE 3 F DOES NOT APPLY TO THE ROUTE OPERATOR ASSOCIATED WITH THE APPLICANT.

NOTE 5: THE BOARD MAY, AT ITS DISCRETION ORDER ADDITIONAL PERSONS ASSOCIATED WITH THE ENTERPRISE TO FILE THE APPROPRIATE DISCLOSURE FORM IF IT APPEARS THAT SUCH PERSON SHOULD BE QUALIFIED IN ORDER TO CARRY INTO EFFECT THE PURPOSES OF THE EASTERN CAPE GAMBLING AND BETTING ACT AND THE REGULATIONS THEREFO.

NOTE 6: IT IS NOT NECESSARY FOR PERSONS REFERRED TO IN NOTE 2 WHO ALSO FALL INTO NOTE 3 TO COMPLETE TWO SETS OF FORMS.

NOTE 7: IF AN ENTERPRISE IS LISTED AS AN OWNER IN SUB-ITEM F ABOVE, THE ENTERPRISE MUST COMPLETE A SEPARATE BUSINESS ENTITY DISCLOSURE FORM

SIGNATURE:  _____

LA 20

For every person or entity noted in NOTE 3 ITEMS A to D and F above, please provide the information requested in the following form:

NAME (*)	DATE OF BIRTH	HOME ADDRESS	TITLE, POSITION OR ASSOCIATION WITH THE ENTERPRISE	% OF OWNERSHIP (**)
Byron Linden Shepherd	[REDACTED]	[REDACTED]	Director	[REDACTED]

- * Indicate with an asterisk persons married IN community of property
- ** Include number of share held and class of stock, if applicable.

Should you require additional space, attach a separate sheet in the same tabular format and label it SUB-ITEM 6A, B, etc.

SIGNATURE:  _____

LA 20

ITEM 7 DESCRIPTION OF OWNERSHIP AND OCCUPATION OF PREMISES

A. Details shall be provided regarding the current ownership of the premises. Evidence of pre-contracts, guarantees or options regarding site availability shall be provided, together with any potential legal (e.g. potential land restitution claims) or physical impediments to site occupation and development.

B. A copy shall be provided of any lease agreements for the lease of the premises.

C. Details of any persons having a financial interest of 5% or more in the lessor shall be provided.

Name	% ownership

THE CURRENT STATUS OF NEGOTIATIONS IN RESPECT OF LAND AND/OR BUILDINGS, IF APPLICABLE, SHALL BE DISCLOSED.

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 7.

SIGNATURE:  _____

14

(ecgbb/Site A)

LA 20

ITEM 8 HOLDERS OF INDEBTEDNESS

Furnish the information indicated in the table below in respect of each holder of any outstanding loan, mortgage, trust deed, pledge or other evidence of indebtedness or security device.

NAME AND ADDRESS	DATE OF BIRTH	TYPE OF DEBT INSTRUMENT HELD	AMOUNT IN RANDS OF DEBT HELD (Both original amount and current balance)

Should you required additional space, attach a separate sheet in the same tabular format and label it ITEM 8.

ITEM 9 FINANCIAL INSTITUTIONS

Furnish the information indicated in the table below in respect of each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the enterprise has or has had an account over the last ten (10) years, regardless of whether such account was held in the name of the enterprise or a nominee of the enterprise or was otherwise under the direct or indirect control of the enterprise.

NAME AND ADDRESS	TYPE OF ACCOUNT(S)	ACCOUNT NUMBER	PERIOD OF TIME ACCOUNT HELD (FROM/TO)

Should you require additional space, attach a separate sheet in the same tabular form and label it ITEM 9.

SIGNATURE:  _____

ITEM 10 INSIDER TRANSACTION (CORPORATE ENTITY)

Please indicate below all transactions where an individual or enterprise changed its shareholding in the applicant by 5% or more and further indicate all persons who were appointed or resigned as owner, partner, close corporation member or director of the applicant over the past five years.

DATE OF TRANSACTION	NATURE OF TRANSACTION	PARTIES TO TRANSACTION (INCLUDE POSITIONS)	NUMBER OF SECURITIES INVOLVED

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 10.

ITEM 11 EXISTING LITIGATION

On an attachment page labelled ITEM 11, describe all present civil litigation involving the applicant wherever it may occur. Do not include any cases for monetary damage where the damages are not expected to exceed R100 000,00.

ITEM 12 LICENCES

A. In the last ten (10) years, has the enterprise ever had any licence or certificate issued by a government agency in the Republic of South Africa or any other jurisdiction, denied, suspended or revoked?

Yes No

SIGNATURE:  _____

LA 20

If yes, complete the table below:

TYPE OF LICENCE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENT AGENCY	ACTION TAKEN	DATE	REASON
N/A				

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 12A.

B. Has the enterprise ever applied, in any jurisdiction, for a licence, permit or other authorisation to participate in lawful gambling operations (including casino gambling, horse racing, dog racing, pari-mutuel operation, lottery, sports betting etc.).

Yes No

If the response to Item 12B is yes, complete the table below:

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	OUTCOME (GRANTED/DENIED/PENDING)	TYPE OF GAMBLING ACTIVITY	NUMBER OF MACHINES LICENSED/APPLIED FOR	IF ISSUED, GIVE APPROPRIATE NUMBER AND EXPIRY DATE
ECGB	20/01/2003	Granted	Site Licence	5	[REDACTED]
					[REDACTED]

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 12B.

C. Does or will any person (other than the intended route operator) who holds 5% or more of the applicant, hold 5% or more in any other site licence or applicant for such a licence in the Province (whether A or B)?

Yes No

SIGNATURE: _____



17

(ecgbb/Site A)

LA 20

If the response to Item 12C is yes, complete the table below:

NAME AND ADDRESS INTEREST HOLDER	% FINANCIAL INTEREST	NAME OF OTHER APPLICANT/ LICENSEE INVOLVED	NUMBER OF MACHINES
N/A			

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 12C.

D. Has the applicant applied for any other site licences in the Province?

Yes No

If its response to Item 12D is yes, complete the table below.

NAME AND ADDRESS INTEREST HOLDER	% FINANCIAL INTEREST	NAME OF OTHER APPLICANT/ LICENSEE INVOLVED	NUMBER OF MACHINES
N/A			

SIGNATURE:  _____

18

(ecgbb/Site A)

ITEM 13 CONTRIBUTION AND DISBURSEMENTS OF ENTERPRISE

A. Does the applicant hold a permanent liquor licence?

Yes No

If no, state the reasons why not:

N/A

B. Is the applicant registered as a taxpayer for payment of Income Tax?

Yes No


If no, state the reasons why not:

N/A

C. Is the applicant registered as VAT vendor?

Yes No

If no, state the reasons why not:

SIGNATURE: 

LA 20

D. In the last 10 years, has the enterprise, any director, officer, or employee or any third party acting for or on behalf of the enterprise offered any bribes or kickbacks to any employee, company or organisation to obtain favourable treatment?

Yes No

If yes, provide details:

N/A

E. In the last 10 years, has the enterprise, any director, officer or employee or any party acting for or on behalf of the enterprise offered any bribes or kickbacks to any government official, either domestic or foreign, to obtain favourable treatment?

Yes No

If yes, provide details:

N/A

F. In the last 10 years, have the enterprise funds been donated or loaned for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

Yes No

If yes, provide details:

N/A

SIGNATURE:  _____

20

(ecgbb/Site A)

LA 20

G. In the last 10 years, has the enterprise property been donated or loaned for the purpose of opposing or supporting any government, political party, candidate or committee, either domestic or foreign?

Yes No

If yes, provide details:

N/A

H. In the last 10 years, has the enterprise made or granted any loans, donations or other disbursements to directors, officers or employees for the purpose of reimbursing such individuals for political contributions, either foreign or domestic?

Yes No

If yes, provide details:


N/A

I. In the last 10 years, has the enterprise maintained any bank account or any account in the name of a nominee for the company or close corporation?

Yes No

If yes, provide details:

N/A

SIGNATURE:  _____

LA 20

J. Is the applicant registered with the Metropolitan, District Council or Local Authority?

Yes No

If no, state the reasons why not:

N/A

K. Is the applicant licensed in terms of the Business Act, 1971?

Yes No

If no, state the reasons why not:

N/A

L. Supply details of all registrations required below: *

District Municipality levies registration number:	
Regional Services Council office location:	
Income Tax registration number:	[REDACTED]
VAT registration number:	[REDACTED]
PAYE registration number:	
SARS location:	

* Copies of proof of registration must be annexed hereto.

SIGNATURE:  _____

22

(ecgbb/Site A)

ITEM 14 TAX RETURNS

Provide, as an appendix to this form, a copy of all tax returns of the applicant, if it filed a tax return for the last 5 years. Be sure to include all schedules and attachments for these returns. In the case of sole traders and partners their private tax returns should be included in the Personal History Disclosure forms and need not be repeated here.

ITEM 15 FINANCIAL PROJECTIONS

As part of the applications, applicants are to complete Annexure A to this Form.

ITEM 16 AFFIDAVITS AND SIGNATURES

Pursuant to the regulations of the Board, this form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation, who must himself or herself date the signature of the deposer and indicate the basis of his or her authority to take oaths and affirmations.

Each of the following persons must complete an affidavit attesting to the truth of the information in this form:

- A. If the enterprise is a company, the president or any officer so authorised to attest.
- B. If the enterprise is a close corporation any member so authorised to attest.
- C. If the enterprise is a sole trader or partnership, the owner or partners.

Each affidavit required must be identical to the model which appears on the next page of this form.

SIGNATURE: _____



LA 20

AFFIDAVIT

PROVINCE/STATE OF EASTERN CAPE

COUNTRY OF SOUTH AFRICA

I, Byron Linden Shepherd, hereby

acknowledge that I am aware that the Board may deny a 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, Byron Linden Shepherd, hereby (NAME)

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

Krow 507 301 (Pty) Ltd 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.

06-03-2025
DATE

[Signature]
SIGNATURE

(TYPE, STAMP OR PRINT NAME)

Mr
TITLE OR POSITION

Subscribed and sworn to before me this _____ day of _____, 2025

COMMISSIONER OF OATHS **DAVID LYNDEN GARDNER**
DIRECTOR - GARDMED AMBULANCE
Ref. No: 9/1/8/2 - Port Elizabeth
Date Appointed: 27/07/2004
FULL NAMES: _____ 32 6th AVENUE, NEWTON PARK
ADDRESS: _____ PORT ELIZABETH, 6045
_____ TEL: 041 373 6777
_____ [Signature]
COMMISSIONER OF OATHS

SIGNATURE: [Signature]

24

(ecgbb/Site A)

ITEM 17 RELEASE AUTHORISATION - NOTICE

Each enterprise must have the attached "Release Authorisation" properly signed, dated and commissioned.

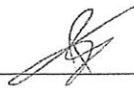
The attached "Notice" must also be acknowledged by a proper signature and date.

The following person(s) must sign each document.

- A. If the enterprise is a company, the president or any officer authorised to execute such a document and bind the company.
- B. If the enterprise is a close corporation any member authorised to execute such a document and bind the enterprise.
- C. In the case of a sole trader, by the sole trader.
- D. In the case of a trading trust, by the trustees of such trust.
- E. In the case of a partnership, the partners.

A copy of the resolution by the company or close corporation authorising the person referred to above to sign on its behalf must be annexed hereto.

SIGNATURE: _____



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 KWU50780 (Pty) Ltd
Byrn Lincoln Shepherd, have

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

Therefore, you are hereby authorised to release any and all information pertaining to that enterprise, either documentary or otherwise, as requested by any employee or agent of the Eastern Cape Gambling and Betting Board, provided that he or she certifies to you that enterprise has an application pending before the Eastern Cape Gambling and Betting Board or that that enterprise is currently a licence holder or registrant required to be qualified under a provision of the Gambling and Betting Act, 1997 (Act No. 5 of 1997)(Eastern Cape), or has an application pending before the Eastern Cape Gambling and Betting Board.

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

A certified photostat copy of this authorisation will be considered as to be effective and valid as the original.

06-02-2016
DATE

[Signature]
SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 2025

COMMISSIONER OF OATHS

FULL NAMES: DAVID LYNDEN GARDNER
DIRECTOR - GARDMED AMBULANCE
Ref. No: 9/1/8/2 - Port Elizabeth
Date Appointed: 27/07/2004
ADDRESS: 32 8th AVENUE, NEWTON PARK,
PORT ELIZABETH, 6045
TEL: 044 373 3777

[Signature]
COMMISSIONER OF OATHS

SIGNATURE: [Signature]

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 and Betting 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 and Betting 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 Gambling and Betting Act, 1997 (Act No. 5 of 1997)(Eastern Cape), is subject to inspections, searches and seizures as authorised by the Act and by the Eastern Cape Gambling and Betting 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 13 of the Eastern Cape Gambling and Betting 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:

Krow Gamba [Pty] Ltd
(NAME OF ENTERPRISE)

DATE

BY: _____
(TYPE OR PRINT NAME)

[Signature]
SIGNATURE

Mr
(TITLE OR POSITION HELD)

SIGNATURE: [Signature]

ANNEXURE A (ITEM 15)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7
Projected income from gambling machines (site operator)							
Projected costs for gambling operations (site operator)							
Projected profit/loss from gambling machine operations (site operator)							
Projected capital costs for gambling operations							
Projected gross income from principal business (excluding gambling)							
Projected costs of operating of principal business (excluding gambling)							
Projected profit/loss from principal business (excluding gambling)							
Consolidated profit/ less principle business gambling							
BASIS FOR ESTIMATION OF:							
(a) gambling revenues and costs:	R8,402 Avg revenue per month, escalating by 9% per Year. R1,803.94 Avg cost per month plus repayment of application / investigation fees over first year.						
(b) principal business revenues and costs:	Revenues: Assuming a +9% annual increase in sales. Current expenses increased by 8% per year.						
Basis of split (i.e. deductions allowed before profit divided)	Levies-Taxes ect as per standard agreement. The initial loan for investigation and application fees to be deducted over a 52 week period from the start of operation.						
A DRAFT/COPY OF THE PROPOSED AGREEMENT MUST ACCOMPANY THIS APPLICATION							

SIGNATURE: _____

