

**PUBLIC DISPLAY COPY**

APPLICATION FOR ACQUISITION OF INTEREST IN THE HOLDER OF A GAMBLING LICENCE

APPLICATION INSTRUCTIONS

*This application form is to be completed by any person who seeks consent from the Eastern Cape Gambling Board to acquire an interest in the holder of a gambling licence of 5% or more or is otherwise directed to file an application by the Eastern Cape Gambling Board.*

## APPLICATION INSTRUCTIONS

1. Any person who wishes to apply for acquisition of interest in the licensee shall complete and submit an application on the Gambling Regulation System (GRS) at [www.ecgbgrs.co.za](http://www.ecgbgrs.co.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 ("the Act") as well as any notice issued by the Eastern Cape Gambling Board ("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 identification as a qualifier and who is identified as such is required to submit to searches without a warrant when present on a licensed gambling facility pursuant to section 76 of the Eastern Cape Gambling 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 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.

APPLICATION TO ACQUIRE INTEREST IN A LICENCE HOLDER

I, Natasja Williams on behalf of the applicant/myself (DELETE ONE) hereby apply in terms of section 40 of the Eastern Cape Gambling Act, 1997, to acquire an interest of 5% or more or such lesser percentage as may be prescribed in the business of a licence holder 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

Natasja Hilda Williams

Physical home address (individual) or physical business address (enterprise)

40 April Crescent Buffalo Plains  
133 Oxford Street East London (POSTAL)

Postal address

AS ABOVE

Telephone number

0731430700

Facsimile number

E-mail address

natasjagreyes97@gmail.com

Name of licence holder in whom applicant wishes to acquire an interest

Vula Gaming (Pty) Ltd

Type of licence held by licence holder

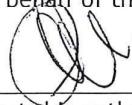
various - Type B LPM and sportsbetting

Board licence number of licence holder

Direct or indirect percentage applicant wishes to acquire in licence holder

49%

For and on behalf of the applicant



Date

30/3/2026

(who warrants his authority)

NATASJA HILDA WILLIAMS

Name (Print)

Capacity of signatory

NAME AND REGISTRATION NUMBER OF APPLICANT ENTERPRISE (Enterprise applicants only)

<p>N/A</p> <p><small>*Name as appears on or in the certificate of incorporation, charter, by-laws, partnership agreement or other official document. DO NOT ABBREVIATE</small></p>
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TRADE NAME(S) (Enterprise applicants only)

N/A

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Person to be contacted with reference to these forms:

NAME Nataesja Williams.	
TITLE NS.	TELEPHONE NO. (INCLUDE AREA CODE) 0731430756

The principal business address of the applicant:

STREET LOCATION (NUMBERS/STREET) 416 April Crescent	CITY East London	PROVINCE/STATE Eastern Cape	POSTAL CODE 5001
COUNTRY	TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)		
MAILING ADDRESS (IF DIFFERENT)	CITY	PROVINCE/STATE	POSTAL CODE

The address from which the applicant is or will be conducting any business as part of an agreement with a licence holder:

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

ITEM 1. OTHER NAMES AND ADDRESSES OF THE APPLICANT

- A. List all other names and registration numbers under which the applicant has conducted business and give approximate periods of time during which such names were in use.

NAME	REGISTRATION NUMBER	FROM	TO

- B. State all other addresses currently occupied/held by the applicant and all addresses from which the applicant is currently conducting business or resides.

NUMBER AND STREET	CITY	PROVINCE	POSTAL CODE

- C. State all addresses, other than those listed above, which the applicant occupied/held or from which he/she/it was conducting business or resided 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 2. DESCRIPTION OF ENTERPRISE OF THE APPLICANT

- A. Specify the form of this enterprise (i.e. Company, Close Corporation, partnership, trust, sole proprietorship, individual person or otherwise).

INDIVIDUAL PERSON

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- B. Submit a copy of the certificate of incorporation and all amendments, the charter, by-laws, partnership agreement, trust Deeds or other basic documentation of the applicant, if any. In the case of an individual a copy of the first page of the ID book or passport must be attached.

*CON ID ATTACHED*

ITEM 3. 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 E do not apply, please indicate N/A (for "Not applicable") directly on this form.

- NOTE 1: A PERSONAL HISTORY DISCLOSURE FORM (FORM LA 2) MUST BE COMPLETED BY EVERY PERSON NOTED IN SUB-ITEMS A TO D.
- NOTE 2: A PERSONAL HISTORY DISCLOSURE FORM OR BUSINESS HISTORY DISCLOSURE FORM (FORM LA 3) MUST IN ADDITION BE COMPLETED BY EVERY PERSON LISTED IN SUB-ITEM E IF SUCH PERSON DOES NOT FALL INTO SUB-ITEMS A TO D.
- NOTE 3: 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 ACT AND THE REGULATIONS THERETO.
- NOTE 4: WHERE APPLICATIONS FOR REGISTRATION OF KEY PERSONS OR GAMBLING EMPLOYEES ACCOMPANY THIS APPLICATION-
- (A) PERSONS SET OUT IN SUB-ITEMS A TO C SHALL APPLY FOR REGISTRATION AS KEY PERSONS.
  - (B) PERSONS SET OUT IN SUB-ITEM D SHALL APPLY FOR REGISTRATION AS GAMBLING EMPLOYEES.
  - (C) IT SHALL NOT BE NECESSARY FOR PERSONS REGISTERED AS KEY PERSONS TO SIMULTANEOUSLY BE REGISTERED AS GAMBLING EMPLOYEES.
  - (D) AN APPLICANT FOR REGISTRATION AS A KEY PERSON OF GAMBLING EMPLOYEE SHALL ONLY NEED TO FILL IN ONE PERSONAL HISTORY APPLICATION FORM, I.E. THAT ACCOMPANYING HIS OR HER APPLICATION FOR REGISTRATION AS A KEY PERSON OR GAMBLING EMPLOYEE.
- NOTE 5: WHERE APPLICATIONS FOR REGISTRATION AS KEY PERSONS OR GAMBLING EMPLOYEES BY PERSONS REFERRED TO IN SUB-ITEMS A TO D DO NOT ACCOMPANY THIS APPLICATION, EACH APPLICANT FOR REGISTRATION AS A KEY PERSON OR GAMBLING EMPLOYEE SHALL SUBMIT A SECOND PERSONAL HISTORY DISCLOSURE FORM WITH HIS OR HER APPLICATION FOR SUCH REGISTRATION.

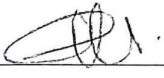
- A. Where the applicant is a natural person, that person.
- B. All officers of the applicant.
- C. All directors or trustees of the applicant.
- D. In the case of a Close Corporation, all members of such applicant.
- E. All beneficial owners of 5% or more of the outstanding voting and non-voting securities of the applicant, whether such owners are themselves legal or natural persons.

**NOTE 6:** PERSONS ALREADY REGISTERED OR LICENSED WITH THE BOARD ONLY NEED TO COMPLETE FORM LA 7 (AFFIDAVIT OF NO SUBSTANTIAL CHANGES) IF SO REGISTERED BY THE BOARD AND DO NOT NEED TO RE-APPLY FOR REGISTRATION AS A KEY PERSON OR GAMBLING EMPLOYEE AS PART OF THIS APPLICATION.

**NOTE 8:** IF AN ENTERPRISE IS LISTED AS AN OWNER IN SUB-ITEM E ABOVE, THE ENTERPRISE MUST COMPLETE A SEPARATE BUSINESS ENTITY DISCLOSURE FORM (FORM LA 3).



DECLARATION

I, Natasha Williams  \_\_\_\_\_ 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 5. 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, Natasha Williams  \_\_\_\_\_, 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.