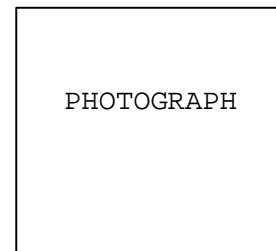


FORM 6

GAMBLING AND BETTING ACT, 1997 (ACT NO. 5 OF 1997) (EASTERN CAPE)

APPLICATION FOR REGISTRATION AS KEY PERSON/GAMBLING EMPLOYEE

FOR OFFICE USE : REGISTRATION NO:	
--	--



Full Names : _____

Identity No : _____

Tax number : _____

Home address : _____

Name of Employer : _____

Type of Registration of Employer : _____

Employer's licence/registration No.: _____

Business address : _____

Telephone No: (H) _____ **(W)** _____

Type of Registration sought : Key person / Gambling employee (delete one)

Present duties : _____

Details of any prior convictions:

Crime	Date of conviction	Sentence

Qualifications:

NOTE : A COPY OF A COMPLETED SAP 91(a) FORM IN RESPECT OF THE APPLICANT MUST BE ANNEXED TO THIS FORM.

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Date _____

Signature of applicant or person authorised to sign

I certify that this declaration has been signed and sworn to/affirmed before me at
thisday of by the applicant/person authorised to
sign application who acknowledge that -

- (i) he/she knows and understand the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and

- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that he/she uttered the following words :
"I swear that the contents of this declaration are true, so help me God". "I truly affirm that the contents of this declaration are true".

Commissioner of Oaths

Full names _____

Business Address _____

Designation _____

Area for which appointment is held _____

Office held if appointment is *ex officio* _____

FOR OFFICE USE

Date Received

--	--	--

Approved/Disapproval Reason _____

Registration No: _____

Registration Fee Paid: _____

Receipt No.: _____

