
GOVERNMENT NOTICE

DEPARTMENT OF TRADE AND INDUSTRY

No. R. 89

2 February 2007

AMENDMENTS TO THE NATIONAL GAMBLING REGULATIONS

In terms of section 87 of the National Gambling Act, 2004 (Act No. 7 of 2004) I, Mandisi Mpahlwa, Minister of Trade and Industry, hereby—

- (a) amend the Regulations published by Government Notice No. R. 1342 of 12 November 2004, as set out in the Schedule hereto; and
- (b) publish the application forms, Form NGB 5/1(d) and NGB 5/1(e) for the renewal of national licences.

M Mpahlwa

Minister of Trade and industry

GENERAL EXPLANATORY NOTE:

- [] Words in bold type in square brackets indicate omissions from existing enactments
- _____ Words underlined with a solid line indicate insertions in existing enactments

SCHEDULE**Definitions**

1. In this Schedule “the Regulations” mean the regulations published by Government Notice No. R. 1342 of 12 November 2004.

Substitution of regulation 30 of the Regulations

2. The following regulation is hereby substituted for regulation 30 of the National Gambling Regulations, 2004:

“Procedure in respect of application for renewal of national licenses

30.(1) An application for renewal of a national licence shall be:

- (a) in writing in the **[relevant]** form of Form NGB 5/1;
- (b) accompanied by the fee stipulated in Schedule 1 in respect of the applicable category of national licence; and **[shall be]**
- (c) submitted to the provincial licensing authority which issued that licence, provided that if the-
 - (i) location at which the licence holder performs the activities authorized by the licence; or
 - (ii) licence holder’s primary place of business or residence,
 no longer falls within the area of jurisdiction of the provincial licensing authority that issued the licence, the licence holder must apply to the provincial licensing authority within whose area of jurisdiction the criteria contemplated in paragraphs (i) and (ii), are satisfied for renewal of the licence.

(2) After the initial issue of a licence –

- (a) Form NGB 5/1(d) or (e), as the case may be, shall be used to apply for the renewal of such licence for each of the following two consecutive years. and
- (b) Form NGB 5/1(a), (b) or (c), as the case may be, shall be used to apply for the renewal of such licence after every three years.”

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

<p>INSTRUCTIONS</p> <p>This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations, 2004</p> <p><i>This form has 06 pages (including this page)</i></p> <p><i>The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application.</i></p> <p>Contacting the National Gambling Board</p> <p>National Gambling Board The dti Campus Ground Floor, Block G, 77 Meintjies Str. Sunnyside 0002 Private Bag X27, Hatfield, 0028, Republic of S.A. Tel: (012) 394 3800 Fax: (012) 394 0831 e-mail: info@ngb.org.za website: www.ngb.org.za</p>	<div data-bbox="896 395 1143 498" data-label="Image"></div> <p>National Gambling Board a member of the dti group</p> <p>FORM NGB 5/1(d)</p> <p>APPLICATION FOR RENEWAL OF BUSINESS ENTITY LICENCE</p> <hr/> <p>Full Names of Applicant _____</p> <p>.....</p> <p>SIGNATURE OF AUTHORISED REPRESENTATIVE _____</p> <hr/> <p>DATE _____</p>
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This form is prescribed by the Minister of Trade and Industry in terms section 38(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

All correspondence to be addressed to:
The Chief Executive Officer
Provincial Licensing Authority's Postal Address

PLA'S CONTACT DETAILS:
Telephone no:
Fax no:

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

APPLICATION INSTRUCTIONS

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions,
2. **Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information and documentation required, your application may be rejected.**
3. If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided. If there is nothing to disclose about a particular question, write "None" in the space provided. If an alteration is made to an answer, sign in full next to the alteration,
4. All answers on this form, except signatures, must be typed or **neatly printed in black ink**. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. **This application form must be completed by the applicant or a person designated by the applicant.**
6. The original completed application form and all the additional required information and documentation plus **one copy of all pages, including all supporting documentation**, must be submitted.
7. This application form may only be used to renew a licence for two consecutive years. Form **NGB 5/1 (a)** shall be used for renewal after every three years.
8. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
9. All dates must be in the format: **Day / Month / Year**.

SIGNATURE: _____

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RENEWAL INFORMATION

1. DETAILS OF ENTERPRISE

NAME OF ENTERPRISE*

* Name as appears on the certificate of incorporation as reflected on the official documents of incorporation thereof, partnership agreement, other official document etc. DO NOT ABBREVIATE.

TRADE NAME(S) (IF ANY)

NAME

TELEPHONE NO (INCLUDE AREA CODE)

DESIGNATION

The principal business address of the enterprise:

BUSINESS PHYSICAL ADDRESS

DIFFERENT)

STREET LOCATION (NUMBER/STREET)	CITY	PROVINCE	POSTAL CODE
COUNTRY	TELEPHONE NO. LOCATION (INCLUDE AREA CODE)		

SIGNATURE:

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006008

TAX STATUS OF APPLICANT

TAX REFERENCE NO. :

(Please attach certified **copy** of a valid **tax** clearance certificate to **this form.**)

2. DURING THE PAST 12 MONTHS, HAS THE APPLICANT, OR ANY PERSON HOLDING AN INTEREST IN THE APPLICANT, BECOME DISQUALIFIED FROM HOLDING THIS LICENCE, AS CONTEMPLATED IN SECTION 50 OF THE ACT?

YES ☐

NO ☐

3. IF THE ANSWER TO THE ABOVE QUESTION IS IN THE AFFIRMATIVE, PLEASE GIVE DETAILS OF ANY DECISION TAKEN BY THE RELEVANT PROVINCIAL LICENSING AUTHORITY IN TERMS OF SECTION 51 OF THE ACT.

4. HAS THE APPLICANT OR ANY OF ITS OWNERS, OFFICERS, DIRECTORS OR SUBSIDIARIES BEEN INDICTED OR CHARGED WITH ANY CRIMINAL OFFENCE, EXCLUDING TRAFFIC OFFENCES, DURING THE PAST TWELVE (12) MONTHS?

YES ☐

NO ☐

If Yes, complete the table below:

JURISDICTION	NATURE OF NON-COMPLIANCE	DATE OF CHARGE	OUTCOME	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

5. HAS THE APPLICANT OR ANY OF ITS SUBSIDIARIES BEEN A PARTY TO A LAW SUIT DURING THE PAST TWELVE (12) MONTHS?YES ☐ NO ☐

If Yes, provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	DETAIL OF THE PARTIES	NATURE OF CLAIM	QUANTUM OF THE CLAIM	CURRENT STATUS OF THE CASE

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

AFFIDAVIT

I, _____

(Full names)

Hereby –

(a) declare that –

- (i) I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as set out in the National Gambling Act, Act 7 of 2004;
- (ii) I am the person identified in this form and have been duly authorised by the Applicant to provide all the information contained herein, and
- (iii) I have personally completed this form and have supplied all the information indicated herein, and

(b) certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

SIGNATURE OF DEPONENT

I certify that:

The Deponent has acknowledged that:

- (i) He/she knows and understands the contents of this declaration;
- (ii) He/she has no objection to taking the prescribed oath, and
- (iii) He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn to before me at _____ on this ____ day of _____, _____.

COMMISSIONER OF OATHS

To be signed and certified as true and correct in the presence of a Commissioner of Oaths

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

INSTRUCTIONS

This form is prescribed for use in terms of regulation 20(1) of the National Gambling Regulations, 2004.

This form has 6 pages (including this page)

The fee prescribed in Schedule 1 of the Regulations is payable on submission of this application.

Contacting the National Gambling Board

National Gambling Board
The dti Campus
Ground Floor, Block G,
77 Meintjies Str.
Sunnyside 0002
Private Bag X27, Hatfield,
0028, Republic of S.A.
Tel: (012) 394 3800
Fax: (012) 394 0831
e-mail: info@ngb.org.za
website: www.ngb.org.za



**National
Gambling Board**

a member of the dti group

FORM NGB 5/1(e)

**APPLICATION FOR RENEWAL OF EMPLOYMENT
LICENCE**

Full Names of

Applicant _____

Employer: _____

**APPLICANT'S
SIGNATURE** _____

DATE _____

This form is prescribed by the Minister of Trade and Industry in terms section 38(3) of the National Gambling Act, 2004 (Act No. 7 of 2004)

All correspondence to be addressed to:
The Chief Executive Officer
Provincial Licensing Authority's Postal Address

PLA'S CONTACT DETAILS:

Telephone no:

Fax no:

SIGNATURE: _____

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APPLICATION INSTRUCTIONS

1. Read these instructions and every question carefully before answering and follow any specific instruction which may be given in respect of certain questions.
2. **Answer every question in full. If you fail to answer any question or give incomplete answers or fail to submit all the additional information and documents required, your application may be rejected.**
3. If a question does not apply to you, write "N/A" (for "Not Applicable") in the space provided. If there is nothing to disclose about a particular question, write "None" in the space provided. If an alteration is made to an answer, sign in full next to the alteration.
4. All answers on this form, except signatures, must be typed **or neatly printed in black ink**. On completion, each page of this form must be signed in full in the space provided at the bottom of each page.
5. **This application form must be completed by the applicant.**
6. The original completed application form and all the additional required information and documentation plus **one copy of all pages, including all supporting documentation**, must be submitted.
7. This application form may only be used to renew a licence for **two** consecutive years. Form NGB 5/1 (a) shall be used for renewal after every three years.
8. If you need additional space to answer any question, please use additional pages, but be sure to indicate the number(s) of the question(s) you are answering on these additional pages and clearly cross reference the additional information with the relevant questions.
9. All dates must be in the format: **Day / Month / Year**.

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLLFREE 0800 006 008

RENEWAL INFORMATION

1. APPLICANT

Name _____			
First	Middle	Maiden (if applicable)	Surname
Other names You have used or use, or by which you have been or are known _____			
Date of birth _____ / _____ / _____		Place of birth _____	
ID no _____		Social Security no _____	
Passport no _____		Date of issue _____ / _____ / _____	
Country of Citizenship _____		Place of issue _____	
Details of all legal name changes _____			
Home address _____			
Suburb _____		Postal code _____	
Town/City _____		Country _____	
Telephone no (home) _____ / _____		Fax no _____ / _____	
Cell phone no _____		E-mail address _____	
Current business address _____			
Suburb _____			

Please note:

1. Your name and address must be printed on the back of the photograph.

2. Photograph must be taken not more than 1 month before submission of this application.

3. Do not paste the Photograph onto this form. Please use a stapler.

Date of photograph _____ / _____ / _____

The attached photograph is a true resemblance of:

Name of applicant

SIGNATURE: _____

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3. DURING THE PAST 12 MONTHS, HAVE YOU BECOME DISQUALIFIED FROM HOLDING THIS LICENCE IN TERMS OF SECTION 49 OF THE ACT?

YES ☐

NO ☐

4. HAVE YOU BEEN INDICTED OR CHARGED WITH ANY CRIMINAL OFFENCES, EXCLUDING TRAFFIC OFFENCES, DURING THE PAST TWELVE (12) MONTHS?

YES ☐

NO ☐

If Yes, complete the table below:

JURISDICTION	NATURE OF NON-COMPLIANCE	DATE OF CHARGE	OUTCOME	DISPOSITION (ACQUITTED, CONVICTED, DISMISSED, ETC)	SENTENCE

5. HAVE YOU BEEN A PARTY TO A LAWSUIT DURING THE PAST TWELVE (12) MONTHS?

YES ☐

NO ☐

If Yes, provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	DETAIL OF THE PARTIES	NATURE OF CLAIM	QUANTUM OF THE CLAIM	CURRENT STATUS OF THE CASE

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLLFREE 0800 006 008

6. TAX STATUS OF APPLICANT

TAX REFERENCE NO. :

(Please attach certified copy of a valid tax clearance certificate to this form.)

7. HAVE ANY CIVIL JUDGEMENTS BEEN TAKEN AGAINST YOU DURING THE PAST TWELVE (12) MONTHS?

YES ☐ NO ☐

If Yes, provide details:

DATE OF INSTITUTION OF PROCEEDINGS	CASE NUMBER	DETAIL OF THE PARTIES	NATURE OF CLAIM	QUANTUM OF THE CLAIM	CURRENT STATUS OF THE CASE

8. HAVE ANY DISCIPLINARY PROCEEDINGS BEEN INSTITUTED AGAINST YOU BY YOUR EMPLOYER DURING THE PAST TWELVE (12) MONTHS?

YES ☐ NO ☐

If Yes, provide details:

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

AFFIDAVIT

I, _____

(Full names)

Hereby -

(a) declare that -

- (i) I have taken cognisance of and understand the rights and duties pertaining to the licence applied for, as ~~set~~ out in the National Gambling Act, Act 7 of 2004;
- (ii) I am the person identified in this form, and
- (iii) I have personally completed this form and have supplied all the information indicated herein, and

(b) certify that the particulars contained herein are true and correct in every detail and that I have fully disclosed the information required in completing this form.

SIGNATURE OF DEPONENT

I certify that:

The Deponent has acknowledged that:

- (i) He/she knows and understands the contents of this declaration:
- (ii) He/she has no objection to taking the prescribed oath, and
- (iii) He/she considers the prescribed oath to be binding on his/her conscience.

This declaration was sworn to before me at _____ on this ____ day of _____, _____.

COMMISSIONER OF OATHS

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SIGNATURE: _____

FORM NGB 5/1(e)

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