

DEPARTMENT OF TRADE AND INDUSTRY

NO. 972

21 SEPTEMBER 2018

**PROPOSED AMENDMENTS TO THE NATIONAL GAMBLING REGULATIONS, 2004,
PUBLISHED IN GOVERNMENT GAZETTE NO. 26994 OF 12 NOVEMBER 2004**

By virtue of the powers vested in me in terms of section 87 of the National Gambling Act, 2004 (Act No. 7 of 2004), I, Dr Rob Davies, the Minister of Trade and Industry, after consultation with the National Gambling Policy Council, intend to make amendments to the National Gambling Regulations 2004.

The proposed amendments are contained in the Schedule hereto. Interested persons are hereby invited to comment and to make written submissions in this regard within 45 (forty five) calendar days from the date of publication of this Notice to:

Director-General, Department of Trade and Industry
Private Bag X 84
Pretoria
0001

Or hand deliver to:

77 Meintjies Street
Block B, 1st Floor
Sunnyside
Pretoria, 0002

Or e-mail: TShale@thedti.gov.za
For attention: Ms Tsholofelo Shale



Dr Rob Davies (MP)
Minister of Trade and Industry
1 August 2018

SCHEDULE

PROPOSED AMENDMENTS TO THE NATIONAL GAMBLING REGULATIONS, 2004, PUBLISHED IN GOVERNMENT GAZETTE NO. 26994 OF 12 NOVEMBER 2004

GENERAL EXPLANATORY NOTE

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

Amendment of Regulation 1

1. Regulation 1 is hereby amended by the addition of the following paragraph after paragraph (d):
"(e) 'the Act' means the National Gambling Act, 2004 (Act No. 7 of 2004)."

Amendment of Regulation 2

2. Regulation 2 is hereby amended by -
 - (a) the substitution in sub-regulation (1) for paragraph (h) of the following paragraph:
"(h) **[height]** race group of the applicant."
 - (b) the deletion in sub-regulation (1) of paragraphs, (i), (j), and (k).
 - (c) the substitution for sub-regulation 2 of the following sub-regulation:
"(2) A notice to be submitted to the Board by a person wishing to register as an excluded person shall be in the form of Form NGB1/1 and shall, at a minimum, contain a passport size, digital colour photograph of that person, **[and]** at least two hundred and fifty (250) kilobytes, and if it is not possible to submit a digital colour photograph, a recent passport

size photograph in colour taken within the last three (3) months, and that person's particulars as listed in sub-regulation (1)."

(d) the substitution for sub-regulation (4) of the following sub-regulation:

"(4) Within **[seven]** ten days, excluding weekends and public holidays, after receiving a notice contemplated in sub-regulation (2) or (3), the Board shall -

(a) capture the form in the register of excluded persons as established and maintained in terms of section 65(1)(c)(i) of the Act and which all provincial licensing authorities and license holders shall have access to; and

(b) transmit a copy of the notice to all licence holders and provincial licensing authorities."

(e) the deletion of sub-regulation (5).

(f) the substitution for sub-regulation (6) of the following sub-regulation:

"(6) A notice contemplated in sub-regulation (2) or (3) shall take effect **[upon the date of written confirmation of receipt contemplated in sub-regulation (5)]** seven days after the date on which the application is submitted to the Board."

(g) the addition in sub-regulation (7) of the following paragraph after paragraph (c):

"(d) to submit to the relevant provincial licensing authority internal control measures to be implemented by the license holder -

(i) to effectively enforce exclusion measures within gambling venues;

(ii) to satisfactorily control non participation of gambling activities by people registered in the exclusion database,

ninety (90) days after the coming into operation of the Regulations, as amended, for purposes of approval of the internal control measures." and

- (h) the addition of the following sub-regulation after sub-regulation (7):
“(8). The provincial licensing authority must submit to the Board their provincial registers of excluded persons and the approved internal control measures submitted by a licence holder contemplated in sub-regulation 7(d).”.

Amendment of Regulation 8

3. Regulation 8 is hereby amended by –

- (a) the substitution for sub-regulation (4) of the following sub-regulation:

“(4) The re-certification of machines and devices of any type, variation or model must be conducted –
(a) within twelve (12) months after the date of commencement of the Regulations, as amended;
(b) every six (6) years after the last re-certification of the machine or device; and.
(c) with a certificate of re-certification issued with the new standards that are applicable at the time of re-certification.”.

- (b) the insertion of the following sub-regulation after sub-regulation (4):

“(4A) After any re-certification, the new certificate or notice must be issued indicating that re-certification was conducted in accordance with the newly amended standard applicable at the time of re-certification.”.

Amendment of Form NGB 1/1

- 4. Application to be included in the national register of excluded persons.**

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

This form is prescribed by the Minister of Trade and Industry in terms of section 14(1) of the National Gambling Act 2004 (Act 7 of 2004)

<p>INSTRUCTIONS</p> <p>NGB Form 1/1 is prescribed for the use in terms of [r] Regulation 2(2) of the National Gambling Regulations, 2004.</p> <p>In terms of [r] Regulation 2 of the National Gambling Regulations, 2004 this [notice] Form NGB1/1 remains in force until [cancelled by completion of] revoked by means of submission of [f] Form NGB 1/2 as contemplated in Regulation 2(3).</p> <p><i>This form has 6 pages (including this page) There is no fee for filling this form.</i></p> <p>Contacting the National Gambling Board</p> <p>National Gambling Board [The dti Campus 2nd Floor, Building E. Uzazi 77 Meintjies St. Sunnyside 0002] <u>420 Witch-hazel Avenue,</u> <u>Eco Glades 2, Block C, Eco</u> <u>Park Centurion 0144</u> <u>Private Bag X27, Hatfield,</u> <u>0028</u> <u>Republic of [S.A.] South</u> <u>Africa</u> <u>Tel: [(012) 394 3800] +27 (0)</u> <u>10 003 3475</u> <u>Fax: [(012) 394 4800] +27</u> <u>(0) 86 618 5729</u> <u>[e]E-mail info@ngb.org.za</u> <u>Website www.ngb.org.za</u></p>	<div data-bbox="740 445 1163 636" data-label="Image"> </div> <div data-bbox="738 647 1165 725" data-label="Text"> <p>National Gambling Board <i>South Africa</i></p> </div> <div data-bbox="940 736 1163 763" data-label="Text"> <p>a member of the dti group</p> </div> <div data-bbox="841 786 1058 819" data-label="Section-Header"> <p>FORM NGB 1/1</p> </div> <div data-bbox="593 882 1311 967" data-label="Section-Header"> <p>APPLICATION TO BE INCLUDED IN THE NATIONAL REGISTER OF EXCLUDED PERSONS</p> </div> <div data-bbox="549 1247 930 1283" data-label="Text"> <p>APPLICANT'S SIGNATURE</p> </div> <div data-bbox="549 1355 643 1391" data-label="Text"> <p>DATE</p> </div>
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This form is prescribed by the Minister of Trade and Industry in terms of section 14(1) of the National Gambling Act, 2004 (Act No. 7 of 2004), and shall replace the old Form NGB 1/1.

[Dear Applicant to the Voluntary Exclusion Programme,]

[I would like to encourage you] Applicant to the Voluntary Exclusion Programme, is encouraged to utilize (or continue to utilize) the free treatment service for people who have a problem with gambling. The National Responsible Gambling Programme (NRGP) **[is funded by the gambling industry to promote]** promotes responsible gambling behaviour and thus offer treatment to those afflicted by problem gambling.

The National Responsible Gambling Programme offers:

- (a) a toll free helpline 24 hours a day (0800 006 008);
- (b) free consultations with a Counselor; and
- (c) in patient treatment.

Once you have completed a valid application for placement on the National Register of Excluded Persons, you will have excluded yourself from all designated gambling areas nationally.

**APPLICATION FOR PLACEMENT ON THE NATIONAL REGISTER
OF EXCLUDED PERSONS**

[Instructions]

- Establish whether applicant understands English, (If the answer is “no” establish applicant’s preferred language and arrange for an interpreter).
English ☐ Other (Specify) _____.
- Establish whether the applicant is presently under the influence of any beverages, controlled substances or prescription medication that would prevent her / him from making a rational and informed decision regarding whether or not to execute this application? (If answer is “yes” terminate the interview and re-schedule the interview). Yes ☐ No ☐

- Establish whether applicant is completing the form in her / his own free will. (An answer of “no” terminates the interview, as the applicant is not eligible for placement on the National Register of Excluded Persons).

Yes ☐ No ☐]

[I, _____ (full names)
hereby apply to the Board to be added to the National Register of Excluded
Persons for exclusion from designated areas.]

Attach Digital Photo

Please note:

1. Your name and address must be printed on the back of the photograph.
2. Photograph must be the most recent one taken within the three months.
- [3. Do not paste the photograph onto this form. Please use stapler]

- [Print the answers to questions in] Complete form with black ink.
- The applicant should initial all pages in the bottom right-hand corner.
- Does the applicant's employment require that they enter designated gambling areas? Yes ☐ No ☐ If yes, please furnish proof:
- Employer:
- Job Title/Description:
- Location(s) at which access is needed:
- Attach a copy of the applicant's Driver's License or [i]Identification [d]Documentation.
- Attach a recent passport size colour photograph. Print applicant's name at the back of the photograph.

I
(full names and identity number of Applicant)

hereby declare that I am of a sound and sober mind, I have read and understood the contents and consequences of the application I am completing, I am completing the application out of my free will and there is no undue pressure that was put on me.

APPLICANTSIGNED AT ON THIS.....DAY OF

WITNESSES: 1.....

2.

[3.My details are as follows:]

DETAILS OF THE APPLICANT

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	Physical	Postal	
POSTAL CODE			
TELEPHONE NO:	(Home)	(Work)	
	(Cell)		
E-MAIL ADDRESS			
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
[HEIGHT:]		[WEIGHT:]	
[HAIR COLOUR:]		[EYE COLOUR:]	
[DISTINGUISHING MARKS:]			

I shall also allow the license holder / Regulatory Authority to photograph me in a digital format for purposes only of allowing such license holder/ Regulatory Authority to comply with my request in terms of this form.

Declaration/Undertaking by Applicant

I

1	Yes	No	Have you read the application provided to you, and do you understand its contents?
2	Yes	No	Do you understand that by asking to be placed on the National Register of Excluded Persons that you are accepting that you are a problem gambler and that you are unable to gamble responsibly?
3	Yes	No	Do you understand that the licence holder/Regulatory Authority recommends that you seek treatment for your gambling problem?
4	Yes	No	Do you understand that if you are placed on the National Register of Excluded Persons, it will be your responsibility to stay out of the designated areas?
5	Yes	No	Do you understand that, notwithstanding the provisions contained in the legislation, according to the terms of the application before you, it is your responsibility to not enter the designated areas?
6	Yes	No	Do you understand that, if you complete the application before you, the consequences of you being discovered in designated areas is that you will be arrested for trespassing?
7	Yes	No	Do you understand that, by completing the application before you, a further consequence of you being discovered in a designated area is that you will not be eligible to win a gambling game and therefore will be denied winnings you may attempt to claim while visiting designated areas?
8	Yes	No	Do you understand that by completing the application before you, you are authorizing a licence holder/ regulatory authority to release the contents of your application – including you name and ID number – to all regulatory authorities, licence operators, their agents and affiliates? (this information can be used only to enforce the provisions of the exclusion policy. No one else may access the information in your application including your family members, your employer or prospective employer).

9	Yes	No	Do you understand that releasing the information in your application to the licence holder/ regulatory authority may result in your being denied service at designated areas nationally?
10	Yes	No	Do you understand that you may receive mailing from licence holders for several weeks after completing this application? (Licence holders generally print these mailings several weeks prior to distribution. However, your name will be removed from the mailing list following notification of your placement on the National Register and you will not be included in future printings.)
11	Yes	No	Do you understand that by completing the application before you, you are requesting to be placed on the National Register of Excluded Persons and that such placement is valid until such time that an application to revoke the exclusion has been received and approved.
12	Yes	No	It is clear to you that you are agreeing to stay off all designated areas until approval to revoke the exclusion has been granted, and the consequences of you violating this agreement is that you will be arrested for trespassing and you will forfeit any winnings in your possession at the time of your arrest?

I,,
(Full name and identity number of the applicant)

am completing this form to be placed in the National Register for Excluded Persons. I admit that I am accepting that I am a problem gambler and I have not been able to gamble responsibly. I undertake to attend compulsory treatment offered by the National Responsible Gambling Programme or any recognised institution offering such treatment if I wish to be readmitted to gamble. I undertake to refrain from visiting designated gambling areas nationally. I understand that it my responsibility to stay out of the designated areas regardless of any provisions contained in the legislation and that I will abide by the terms incorporated in this form before me. I understand that if I am discovered within the designated area, I will be removed from the said area.

I understand that, if I complete the application form, a further consequence of me being discovered in a designated gambling area is that I will not be eligible to win a gambling game and thereafter I will be denied winnings I may attempt to claim while visiting designated gambling areas.

I understand that by completing the application, I am authorising a licence holder / regulatory authority to release the contents of my application – including my name and ID number – to all regulatory authorities, licensed operators, their agents and affiliates. (This information can be used only to enforce the provisions of the exclusion policy. No one else may access the information in your application including your family members, employer, or prospective employer).

I understand that it is possible for me to receive mailing from the gambling licence holders, at least for four (4) months, after submitting my application and notification is sent to licence holders. I understand further that the licence holders must remove my name immediately after being notified of my application to be listed in the National Register of Excluded Persons. I will report any licence holder(s) who continue to send me mails after four (4) months of my name being listed in the National Register of Excluded Persons to the nearest regulatory authority.

I understand that by completing the application before me I am requesting to be placed on the National Register of Excluded Persons and that such placement is valid until such time that an application to revoke the exclusion has been received and approved.

I acknowledge/accept that I am a problem gambler and that I am unable to gamble responsibly.

..... [_____, 2_____]
[Signature required] APPLICANT [(date)] [(year)]

[WITNESS]

[SIGNED at _____ on this _____ day of _____, 2_____]

Waiver/Release

I, _____ wish to be placed on the National Register of Excluded Persons and have filed with the licence holder/regulatory authority this application for placement on the National Register of Excluded Persons. By filing such an application, I understand that I am a problem gambler and that I am assuming the responsibility of refraining from visiting designated areas nationally. Furthermore, I understand that if I visit a designated area after completing this application and I am discovered, that I will be ejected from such premises.

[I also understand that my presence in designated areas constitute trespassing and the licence holder will request that I be arrested for such. Moreover, I understand that by filing an application for placement on the National Register of Excluded Persons, and by signing this Waiver/Release, I agree that I am not eligible to place a legal wager and that I will be denied the winnings based on any wager that I might place.]

I authorise any licence holder or its employees to deny me access to a designated gambling area. By signing this release and acknowledging of receipt of good and valid consideration thereof, I hereby release, remise, and forever discharge the gambling industry members, agents and employees from any and all manners of actions, causes of action, legal suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, which I, the undersigned, and my heirs, successors, administrators, executors, and assigns ever had, now has, may have, or

claim to have against any or all of said entities or individuals arising out of or by reason of the processing, enforcing or other action or omission relating to this application including but not limited to, the release of the contents of my application to any licence holder, its agents or employees.

I understand that a licence holder, in conjunction with my placement on the National Register for Excluded Persons, will **[submit a plan for approval for removing] commence processes to ensure the removal of** my name from all mailings lists which may generate marketing offers being sent specifically to me and to deny me credit (if applicable), and any club memberships. **[I will notify the licence holder of any errant mailing or marketing offer I might receive.]** The licence holder must work to ensure that I do not receive any mailing after lapse of four (4) weeks from the date the licence holder is notified that I am listed in the National Register of Excluded Persons.

I understand the National Responsible Gambling Programme or its agents or employees may contact me from time to time to conduct research necessary to evaluate the Voluntary Exclusion Programme and determine appropriate methods of addressing exclusions and or problem gambling issues.

I have read this Waiver/Release and understand all its terms. I execute it voluntarily and with full knowledge of its consequences and significance.

.....
APPLICANT

.....
WITNESS

SIGNED aton this day of.....**[2__]**

**[TO BE COMPLETED BY THE OFFICIAL ASSISTING IN COMPLETION OF THIS
APPLICATION:**

(a) I have positively confirmed the identity of the applicant utilizing

_____ (Fill in)

(b) The applicant's appearance accords with the photograph sent herewith.

(c) The applicant has signed the above form in my presence.

(d) When signing the application:

(i) the applicant appeared to do so voluntarily and without duress; and


(ii) the applicant appeared to be in his full and sober senses.]

DESIGNATION:		INTERPRETER:	YES	NO
FULL NAMES:		FULL NAMES:		
ADDRESS:		ADDRESS:		
OFFICE:		OFFICE:		
SIGNATURE:		SIGNATURE:		

[Additional Notes by the interviewer:

5. Application to be removed from the national register of excluded persons

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

<p>INSTRUCTIONS</p> <p>This form is prescribed for use in terms of regulation 2(3) of the National Gambling Regulations, 2004.</p> <p><i>This form has 04 pages (including this page) There is no fee for filling this form.</i></p> <p>Contacting the National Gambling Board</p> <p>National Gambling Board [The dti Campus 2nd Floor, Building E. Uzazi 77 Meintjies St. Sunnyside 0002] <u>420 Witch-hazel Avenue,</u> <u>Eco Glades 2, Block C, Eco</u> <u>Park Centurion 0144</u> Private Bag X27, Hatfield, 0028 Republic of [S.A.] South Africa Tel: [(012) 394 3800] +27 (0) 10 003 3475 Fax : [(012) 394 4800] +27</p>	 <p>National Gambling Board <i>South Africa</i></p> <hr/> <p>a member of the dti group</p>
	<p>FORM NGB 1/2</p>
	<p>APPLICATION FOR CANCELANATION OF REGISTRATION AS AN EXCLUDED PERSON</p>
	<hr/> <p>APPLICANT'S SIGNATURE</p> <hr/> <p>DATE</p>

(0) 86 618 5729
[e-] Email info@ngb.org.za
website www.ngb.org.za

This form is prescribed by the Minister of Trade and Industry in terms of section 14(2) of the National Gambling Act, 2004 (Act 7 of 2004)

APPLICATION FOR REMOVAL FROM THE NATIONAL REGISTER OF EXCLUDED PERSONS

[Instructions] INSTRUCTIONS

- [
- Establish whether applicant understands English, (If the answer is “no” establish applicant’s preferred language and arrange for an interpreter).
English ☐ Other (Specify)_____.
 - Establish whether the applicant is presently under the influence of any alcoholic beverages, controlled substances or prescription medication that would prevent her / him from making a rational and informed decision regarding whether or not to execute this application? (If answer is “yes” terminate the interview and re-schedule the interview) Yes ☐ No ☐
 - Establish whether the applicant is completing the form in her / his own free will. (Answer of “no” terminates the interview, as the applicant is not eligible for removal from the National Register of Excluded Persons).
Yes ☐ No ☐]
 - [Print the answers to the question in] Complete form with black ink.
 - The applicant should [I]initial all pages in the bottom right-hand corner.

DECLARATION/UNDERTAKING

I,
(full names and identity number of Applicant)

hereby declare that I am sober and I have read and understood the contents and consequences of the application I am completing and that I am completing the application out of my free will further that no undue pressure was put on me.

I understand that by asking to be removed from the National Register of Excluded Persons I accept that I am a responsible gambler and that I will be liable for the consequences of my gambling.

I understand that to be removed from the National Register of Excluded Persons I must have undergone compulsory rehabilitation treatment with a recognised rehabilitation institution. I do confirm that have undergone and complied with the compulsory rehabilitation treatment plan developed for me (*Report from the recognised rehabilitation institution is attached*).

I acknowledge/accept that I am now a responsible gambler and that I have completed the compulsory rehabilitation treatment plan developed for me.

APPLICANT SIGNATURE

I, _____ (full name) hereby apply to the Board to be removed from the National Register of Excluded Persons.

PERSONAL DETAILS

Full names:	
--------------------	--

Do you have any other names or aliases?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	-------------------------------------	------------------------------------

If yes, list the names or aliases:	
---	--

Date of Birth:	ID No:
-----------------------	---------------

Address:	Physical	Postal

Postal Code:		
	(Home)	(Work)
	(Cell)	

Email Address:	
-----------------------	--

Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>
Registration No:		

1	Yes	No	Have you read the application provided <u>to</u> you and do you understand its contents?
2	Yes	No	Do you understand that by asking to be removed from the National Register of Excluded Persons you are accepting that you are responsible gambler and will be liable for all the consequences of your gambling?
3	Yes	No	Do you understand that if you are removed from the National Register of Excluded Persons, it will be your responsibility to gamble responsibly?
4	Yes	No	Do you understand that the licence holder /regulatory authority requires that you undergo treatment before being removed from the National Register of Excluded Persons?
5	Yes	No	Have you complied with any requirements of rehabilitation programmes developed for you. (<i>Attach documentary proof thereof</i>)

I acknowledge/accept that I am [a] now a responsible gambler and that I have completed the compulsory rehabilitation treatment plan developed for me. [been rehabilitated from all gambling problems I had.]

_____, 2_____
 [(Signature required)] Signature [(date)] Date [(year)] Year

 [(WITNESS)] Witness

[SIGNED] Signed at _____ on this the _____ day of _____, 2____.

[Waiver/Release]

[I understand that by filing an application for removal from the National Register of Excluded Persons and by signing this waiver/Release, I am responsibly for my gambling activities.

I further understand that by signing this form I will not be entitled to pursue legal action against the gambling operator/ Board/Provincial Licensing Authority as a result of my participation in gambling.]

[APPLICANT]

[WITNESS]

[SIGNED at _____ on this _____ day of _____, 2____.]

[TO BE COMPLETED BY THE OFFICIAL ASSISTING IN COMPLETION OF THIS APPLICATION:]

[I have positively confirmed the identity of the applicant utilizing _____ (fill in)]

[The applicant has signed the above form in my presence.

When signing this application:

the applicant appeared to do so voluntarily and without duress; and

the applicant appeared to be in his sound and sober senses.]

[

DESIGNATION:		INTERPRETER:	Yes	No
FULL NAMES:		FULL NAMES:		