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GENERAL NOTICE

NOTICE 1823 OF 2006

DEPARTMENT OF TRADE AND INDUSTRY

NOTICE OF INTENTION TO AMEND THE REGULATIONS MADE UNDER THE NATIONAL GAMBLING ACT, 2004

The Minister of Trade and Industry intends to amend the Regulations made under section 87 of the National Gambling Act, 2004 (Act No. 7 of 2004), published by Government Notice No. R 1342 of 12 November 2004, in accordance with the Schedule to the accompanying notice.

Interested persons are invited to make written comments regarding these amendments on or before 15 January 2007.

Physical Address:

Department of Trade and Industry
77 Meintjies Street
Block A, 3rd Floor
Sunnyside
Pretoria

Postal Address:

Private Bag X84
Pretoria
0001

For attention: Brian Muthwa

Fax : (012) 394 2548

E-mail: brianm@thedti.gov.za

DEPARTMENT OF TRADE AND INDUSTRY

AMENDMENTS TO THE NATIONAL GAMBLING REGULATIONS

I, Mandisi Mpahlwa, Minister of Trade and Industry, hereby--

- (a) amend the Regulations made under section 87 of the National Gambling Act, 2004 (Act No. 7 of 2004), 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 licenses.

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 these regulations "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 regulations 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 license shall be in writing in the relevant form of Form NGB 5/1 and be accompanied by the fee stipulated in Schedule 1 in respect of such category of national license, and shall be submitted to the provincial licensing authority which issued that license, provided that if-

- (a) the location at which the license holder performs the activities authorized by the license; or
- (b) the license holder's primary place of business or residence

no longer falls within the area of jurisdiction of the provincial licensing authority that issued the license, the license holder must apply to the provincial licensing authority within whose area of jurisdiction the criteria contemplated in paragraphs (a) and (b), are satisfied for renewal of the license.

(2) Form NGB 5/1(d) or NGB 5/1(e) shall be used to renew a license for two consecutive years and Form NGB 5/1(a), NGB 5/1(b) or NGB 5/1(c) shall be used to renew a license 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 6 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="766 334 1017 438" data-label="Image"></div> <p>National Gambling Board a member of dti group</p> <p>FORM NGB 5/1(e)</p> <p>APPLICATION FOR RENEWAL OF EMPLOYMENT LICENCE</p> <hr/> <p>Full Names of Applicant _____ Employer: _____</p> <hr/> <p>APPLICANT'S SIGNATURE _____</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 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 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. 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 _____	
I D 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 _____		Postal code _____	
Town/City _____		Country _____	
Telephone no (work) _____ / _____		Fax no _____ / _____	

2. PHOTOGRAPH

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: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

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

5. 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

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

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

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

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.

Signed at _____ on this _____ day of _____, 20____

(Signature)

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 05 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
2nd Floor, Building E,
Uuzaji
77 Meintjies St.
Sunnyside 0002
Private Bag X27, Hatfield,
0028, Republic of S.A.
Tel: (012) 394 3800
Fax: (012) 394 4800
e-mail: info@ngb.org.za
website: www.ngb.org.za



**National
Gambling Board**

a member of .. (dti) group

FORM NGB 5/1(d)

**APPLICATION FOR RENEWAL OF BUSINESS ENTITY
LICENCE**

Full Names of

Applicant _____

**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: _____

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 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 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)

Person to be contacted in reference to this form:

NAME

TELEPHONE NO (INCLUDE AREA CODE)

DESIGNATION

The principal business address of the enterprise:

BUSINESS PHYSICAL ADDRESS

MAILING ADDRESS (IF
DIFFERENT)

CITY

PROVINCE

POSTAL CODE

The address from which the enterprise is or will be concluding any business as part of an agreement with a licence.

STREET LOCATION
(NUMBER/STREET)

CITY

PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE NO. LOCATION (INCLUDE AREA CODE)

SIGNATURE: _____

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

2. HAS THE APPLICANT, DURING THE PAST 12 MONTHS, BEEN DISQUALIFIED FROM HOLDING THIS LICENCE IN TERMS OF THE ACT AND IN PARTICULAR SECTION 50?

YES ☐NO ☐

3. IF THE ANSWER TO THE ABOVE QUESTION IS TO 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, ITS OWNERS, OFFICERS, DIRECTORS OR ANY OF ITS SUBSIDIARIES BEEN INDICTED OR CHARGED WITH ANY NON COMPLIANCE TO LEGISLATION 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: _____