GAUTENG GAMBLING BOARD PERSONAL RELEASE AUTHORISATION

TO: All courts, probation departments, employers, educational institutions, banks, financial and other institutions, all government agencies, without exception, both foreign and domestic and to whomsoever else this authorisation may be duly presented.

FROM:	
(Surname)	(Other Names)
Date of birth:	Telephone:
	nent in an application for a gambling licence in Gauteng, South eng Gambling Board (the Board) and the South African Police gation into my background.
Commissioner of Police (the Cauthority signed by either of the	ef Executive Officer of the Board and the Gauteng Regional mmissioner) or any person authorised by an original letter of m (an authorised delegate) to make such enquiries as they deem to, inspect and obtain copies of:
	egal or commercial information derived from those reports that has ness, credit history, credit standing or credit capacity;
any loan information, bank accepertaining to me;	unt records, safe deposit box records and bank statements
,	tions of my activities by any domestic or foreign police force, orate regulatory agency or any gambling regulatory body;
any court records relating to a party; and	present or past civil or criminal court proceedings to which I am
any other document, record or	orrespondence pertaining to me.
	D to release to the Chief Executive Officer of the Board, the delegate, all information requested by any of them, documentary
	de and countermand any prior request or authorisation to the athorisation will be considered as effective and as valid as the
Signature:	Witness:
Date:	
	Name of Witness [Print]
Place:	
	Address of Witness
SOUTH AFRICA	



NITIALS			

CERTIFICATION

l, (full n	ame of declarant)			
of (add	dress of declarant)			
certify t	hat:			
1.	I am the person identified in questions	s 1 and 2 of the attached personal declaration.		
2.	I have personally completed the attace information required.	hed personal declaration or have supplied all the		
3.		ef, the information I have supplied in the attached ct in every detail and I have fully disclosed all attached personal declaration.		
4.	I agree to subject myself to fingerprint	ting by the South African Police Services.		
5.	I undertake to provide the Board with such further information, explanations or documentation as the Board may require to complete its investigation.			
Signatu	ure:	Witness:		
		Name of Witness [Print]		
Place:		Address of Witness		



ITIALS			

PERSONAL DECLARATION

1		Surname:
2		First names:
	a.	Identity numbers:
	b.	South African:
	c.	Foreign
3		Title: Mr
4		Maiden name: N/A
5		Aliaises, nicknames, other name changes, legal or otherwise, you have used or by which you have been known:
		N/A
6		Present residential address:
7		Present business address:
8		Occupation:
9		Telephone:
	a.	Business
	b.	Cellphone
10		Date of birth:
11		Place of birth (City, state and country):
12		Sex :
13		Physical description:
	a.	Height
	b.	Weight
	C.	Complexion:
	d.	Colour of eyes
	е.	Colour of hair
	f.	Scars, tattoos or other distinguishing marks
11	1.	
14		Country/countries of which you are a citizen:
15		Marital status:



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16	Details of spouse/	de facto partner			
	Date of marriage:				
	Place where marr	ied:			
	Full name of spou	se/partner:			
	Spouse's maiden	name (where applicable):		
	Date of birth of sp	ouse/partner:			
	Place of birth of s	pouse/partner:			
	Spouse's/partner's	s occupation:			
	Name and addres	s of spouse's/partner's	employer		
	If space is insuffic	ient, supply information	on attachment page.		
17	Full name of father	er:			
	Date of birth				
	Occupation				
18 a.	Full name of moth	ner:			
b.	Date of birth				
C.	Occupation				
19	Details of brothers	s and sisters, including h	alf/step brothers and	sisters:	
	Full Name	Relationship	Date of Birth	Occupation	
20	Details of children	, including step or adopt	ed children:		
	Full Name	Relationship	Date of Birth	Occupation	



IITIALS		

21		Education	nal details:						
	a.	Highest le	evel of educat	ion attained .					
	b.	Name of	last education	al institution at	tended				
	C.	Year edu	cation in (a) a	bove complete	d				
22		Arrests, d	etention and o	convictions (exc	cept for MINOR	traffic of	fences).		
		Have you	Have you ever been, in South Africa or elsewhere –						
		convicted	of an offence						
		arrested,	detained, chai	ged or summo	nsed before a	court to a	nswer for a	ny offence or violat	
		for any re	ason whatsoe	ver, regardless	of the disposit	ion of the	event?		
		If "yes", to	either question	on, provide deta	ails below. List	t all cases	s without ex	ception.	
Na	ture	of offence		State and country	City/Town	Date offer		sult of court se or hearing	
			I.		l		<u> </u>		
23		Civil laws	uits and relate	d matters.					
	a.		ever been a p		awsuit or are yo	ou aware	of any such	action that may	
	b	Have you	ever had a jud	dgement return	ned against you	ı?			
	C.			es, earnings or	other income e	ever been	subject to	garnishee	
	d	Have yo	u ever had a	ny article repo	ossessed by a	a finance	company	or the like?	
		If "yes" to	any of question	ons (a) to (d), fu	urnish details o	n an atta	chment pag	e.	
	e.							to 22) ever been de details below:	
Na	me		Relationship	o Charge	City,	state country	Date of offence	Result of court case or hearing	



INITIALS			

~ 4		
24	שמות	dences

List all addresses at which you have been permanently resident over the last 20 years, beginning with your current address and working backwards.

Month and Year (From – To)	Street and Number	Suburb	City	State and Country

25 Employment history

Beginning with your current employment, list your employment history, including all businesses with which you have been involved during the last 10 years.

(i)

Month and year (From – To)	Name and postal address of employer/business	Reason for leaving
Job Title	Description of duties	Contact person & Tel Nr

(ii)

Month and year (From – To)	Name and postal address of employer/business	Reason for leaving
Job Title	Description of duties	Contact person & Tel Nr

IT a	additional	space	is needed	, use an	attacnmer	π page
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b.	Have y	ou eve	r been	dismissed	, discharge	ed or as	ked to re	esign fi	rom any	emple	oymen	t or
office of	f trust?											

If "yes", complete the following:



ITIALS	 _

Date		Name and address of Employer/office	Contact person	Reason for dismissal, discharge or resignation
26	Pers	onal references:		
	of pr	inate three persons who are not re eferably during the last five years. acter and reputation.		
(a)	Surn	ame		
	First	names		
	Addr	ess		
	Occi	upation		
	Tele	phone		
	Year	s known		
(b)	Surn	ame:		
	First	names		
	Addr	ess		
	Occi	upation		
	Tele	phone		
	Year	s known		
27	Provi	de brief details of any manageme	nt experience you ha	ve had in the gambling industry:
28		e you ever been refused a licence plined by a gambling regulatory be		e gambling industry, or been
	If "ye	es", provide details		



IITIALS		

	What is your current gambling licence status? (eg key employee)						
		nce Type	Jurisdiction				
		nce Type	Jurisdiction				
	have a	any of the aforementioned been, during t					
	(i) (ii)	a member of Parliament or any proving	cial legislature or local authority, or any ional leaders established in terms of the				
	(iii)		arty, movement, organisation or body of a				
	If "ye	es" to any of the above, provide full partic					
	N/A .						
	Fina	ncial information					
ā.		e you ever been declared insolvent or tal	ken advantage of the laws relating to				
	If "ye	es", provide details					
	N/A .						
٥.	(i)	Income tax reference number					
		and date of registration					
	(ii)	Revenue office where registered					



DOCUMENTS TO BE PROVIDED WITH THE APPLICATION:

The following should accompany this declaration:

- 1. 1 x Original Application
- 2. Copy of original application & all attachments
- 3. Police clearance/report from the SAPS or its authorised agent.
- 4. Certified copy of ID document or passport
- 5. Copy of work permit and criminal /police clearance from country of birth in respect of foreign applicants
- 6. Copies of tax returns (excluding supporting schedules) and assessments of the individual for the most recent five years
- 7. Two recent passport sized photographs signed and dated on the back by the individual

«« FOR OFFICE USE ONLY»»

	VERIFICATION PROCESS	CHECK	COMMENTS/NOTES/FOLLOW UPS
1	Check form for all details filled in		
2	Check signature on form		
3	Check ID Number on Affidavit Matches :		
	a) DOB on Page 1		
	b)ID On Page 3		
	c) Police Clearance		
	d) ID Copy		
4	Check bank current statement attached		
5	Check ID copy attached		
6	Check SAPS clearance for :		
	a)Result		
	b)ID Number		
7	Enter into data base		
8	Stamp copy and return to member		
	Sign		
	Date		
9	Invoice R50 per application		



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