

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

INSTRUCTIONS

This form is prescribed for use in terms of regulation 2(2) of the National Gambling Regulations, 2004

In terms of regulation 2 of the National Gambling Regulations, 2004 this notice remains in force until cancelled by completion of form NGB 1/2 as contemplated in Regulation 2(3).

This form has 06 pages (including this page). There is no fee for filing this form.

Contacting the National Gambling Board

National Gambling Board
The dti Campus
2nd Floor, Building E, Uuzaji
77 Meintjie St.
Sunnyside 0002
Private Bag X27, Hatfield, 0028.
Republic of S.A.
Tel: (012) 394 3800
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**National
Gambling Board**

a member of the dti group

FORM NGB 1/1

**APPLICATION TO BE INCLUDED IN THE NATIONAL
REGISTER OF EXCLUDED PERSONS**

APPLICANT'S SIGNATURE

DATE

This form is prescribed by the Minister of Trade and Industry in terms section 14(1) of the National Gambling Act, 2004 (Act No. 7 of 2004)

Dear Applicant to the Voluntary Exclusion Programme,

I would also like to encourage you to utilize (or continue to utilize) the free treatment services for people who have a problem with gambling. The National Responsible Gambling Programme (NRGP) is funded by the gambling industry to promote responsible gambling and offer treatment to those already 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 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 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. (An answer of "no" terminates the interview, as the applicant is not eligible for placement on the National Register of Excluded Persons). Yes ☐ No ☐
- Print the answers to questions in **black** ink.
- Initial pages in the bottom right-hand corner.
- Attach a copy of applicant's most recent Driver's License or identification document.
- Attach a recent passport size colour photograph (taken within the last 12 months). Print applicant's name at the back of the photograph.

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

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.

2. Does your employment require that you enter designated areas? Yes ☐ No ☐

If yes, please furnish proof:

Employer: _____

Job Title/Description: _____

Location(s) at which access is needed: _____

3. My details are as follows:

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:	M <input type="checkbox"/>	F <input type="checkbox"/>	
HEIGHT:		WEIGHT:	
HAIR COLOUR:		EYE COLOUR:	
DISTINGUISHING MARKS:			

If required I shall also allow the licence holder/Regulatory Authority to photograph me in digital format for purposes only of allowing such licence holder/Regulatory Authority to comply with my request.

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 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 designated areas?
6	Yes	No	Do you understand that, if you complete the application before you, the consequence of you being discovered in designated areas is that you will be arrested for trespassing?
7	Yes	No	Do you understand that, if you complete 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 authorising a licence holder / regulatory authority to release the contents of your application – including your 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).
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 mailings 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	Is it clear to you that you are agreeing to stay off all designated areas until approval to revoke the exclusion is granted, and the consequence 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 acknowledge/accept that I am a problem gambler and that I am unable to gamble responsibly.

_____,²
 (Signature required) (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 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 constitutes 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 area. By signing this release and acknowledging 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, suits, debts, judgments, executions, claims and demands whatsoever, known or 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 of Excluded Persons, will submit a plan for approval for removing my name from all mailing 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.

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 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 at _____ **on 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 utilising _____ (FILL IN).
- (b) The applicant's appearance accords with the photographs 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:

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INSTRUCTIONS

This form is prescribed for use in terms of regulation 2(3) of the National Gambling Regulations, 2004

This form has 04 pages (including this page). There is no fee for filling this form.

Contacting the National Gambling Board

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2nd Floor, Building E, Uuzaji
77 Meintjie St.
Sunnyside 0002
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Tel: (012) 394 3800
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e-mail: info@ngb.org.za
website: www.ngb.org.za



**National
Gambling Board**

a member of the dti group

FORM NGB 1/2

**APPLICATION FOR CANCELLATION OF REGISTRATION
AS AN EXCLUDED PERSON**

APPLICANT'S SIGNATURE _____

DATE

This form is prescribed by the Minister of Trade and Industry in terms section 14(2) of the National Gambling Act, 2004 (Act No. 7 of 2004)

APPLICATION FOR REMOVAL FROM 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 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. (An 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 questions in black ink.
- Initial pages in the bottom right-hand corner.

I, _____ (full names) 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 these names or aliases:			
Date of birth:	ID No:		
Address:	Physical	Postal	
Postal code:			
Telephone No.:	(Home)	(Work)	
	(Cell)		
E-mail address:			
Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Registration No:			

1	Yes	No	Have you read the application provided 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 a 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 now a responsible gambler and have been rehabilitated from all gambling problems I had.

_____, 2_____
(Signature required) (date) (year)

WITNESS

SIGNED at _____ on this _____ 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 utilising _____ (fill in).

The applicant has signed the above form in my presence.
 When signing the 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:		
ADDRESS:		ADDRESS:		
OFFICE:		OFFICE:		
SIGNATURE:		SIGNATURE:		

Additional Notes by the Interviewer:
