

MPUMALANGA GAMING BOARD



PRIVATE BAG X9908
WHITE RIVER 1240
MPUMALANGA PROVINCE

FIRST AVENUE
WHITE RIVER
1240

TEL : + (0) 13 750 8000
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E-MAIL: licencing@mgb.org.za

UPDATED PERSONAL HISTORY DETAILS

1. INTRODUCTION

1.1 Instructions

- Read every question carefully prior to responding.
- Answer every question completely.
- Failure to answer any question or giving incomplete answers may result in disciplinary action, the suspension or withdrawal of the certificate of approval.
- If a question does not apply to you, indicate “Not Applicable” by placing “N/A” in response to that question.
- If there is nothing to disclose as to a particular question, state “None” in response to that question.
- On completion of form INITIAL each page to affirm that it is complete as well as correct.

1.2 Certificate of Approval of:

- a) Name: _____
- b) Company Name: _____
- c) MGB Reference Number: _____

d) Current Position: _____

e) Current Duties & Responsibilities: _____

2. PERSONAL INFORMATION

2.1 Name and/or Surname changes: _____

2.2 Changes to Citizenship status: _____

2.3 Valid Passport number: _____

2.4 Valid Work Permit number: _____

a) Date Issued: _____

b) Copy Issued: _____

2.5 Present Residential Address: _____

2.6 Period at above address: _____

2.7 Business Telephone number: _____

2.8 Cellular Telephone number: _____

2.9 Home Telephone number: _____

2.10 E-mail address: _____

3. **MARITAL RECORD**

3.1 Changes to Marital Status during the past 42 months (if yes, please furnish copy of marriage certificate, spouse's ID Document or other formal record of union or separation):

3.2 Do any of your Spouse(s) or previous Spouses have any Interest in Gaming Operations:

YES: _____ NO: _____

4. **CHILDREN**

4.1 Number of Children or Stepchildren: _____

4.2 Do any of your children or stepchildren have an interest in Gaming Operations, directly or through a trust:

4.2.1 If Yes, please furnish details:

5. **EDUCATION**

5.1 Qualifications obtained during the past 42 months:

QUALIFICATION	INSTITUTION	YEAR

5.1.1 Note: Please attach copies of all qualifications obtained.

6. **EMPLOYMENT BACKGROUND**

6.1 Employment changes during the past 42 months (including promotion(s)):

EMPLOYER/COMPANY NAME	PERIOD OF EMPLOYMENT (yyyy/mm/dd)	POSITION	SUPERVISOR	REASON FOR LEAVING

6.2 Were you subjected to any disciplinary actions during the past 42 months, which resulted in a written warning, final written warning, suspension, demotion, dismissal, fine or other financial sanction:

YES: _____ NO: _____

6.2.1 If yes, please furnish details:

6.3 Changes to membership of Professional Bodies during the past 42 months:

YES: _____ NO: _____

6.3.1 If yes, please furnish details:

6.4 List all Directorships / Trusteeships which you held during the past 42 months:

6.5 Provide details of any Gaming Related Activities which you were a part of during the past 42 months (whether directly or indirectly through separate legal persons or family members):

6.6 Has the status of any gambling related Licences / Certificates held by you changed during the past 42 months (including granting, issuing, refusal, suspension or revocation, but excluding renewals):

YES: _____ NO: _____

6.6.1 If yes, please furnish details:

7. FINANCIAL BACKGROUND

7.1 List your business interests held during the past 42 months (including Shareholding / Membership / Partnership Share / Loan / Investment or Other Financial Interests):

NAME OF BUSINESS / ENTITY	% SHARE MEMBER / PARTNERSHIP	LOAN ACCOUNT	OTHER FINANCIAL INTERESTS	DETAILS OF OTHER FINANCIAL INTERESTS
TOTAL AMOUNTS				

7.2 List your present Loans, Bonds, Installment Sale agreements, Hire-Purchase or other similar agreements, as well as normal personal accounts entered into during the past 42 months for an original amount exceeding R10 000.00:

NAME OF BUSINESS / ENTITY	% SHARE MEMBER / PARTNERSHIP	ORIGINAL AMOUNT PLUS FINANCE CHARGES	CURRENT BALANCE	PAYMENT PERIOD	MONTHLY INSTALLMENT
TOTAL AMOUNTS					

7.3 Provide details of all bank accounts (including savings, current, credit and debit cards) held in your name during the past 42 months:

NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE OF ACCOUNT	BRANCH WHERE ACCOUNT IS HELD

7.4 Have you during the past 42 months, failed to pay or honour your debts, loans or creditors as and when it was due?

YES: _____ NO: _____

7.4.1 If yes, please furnish reasons, as well as arrangements made to settle the account(s) or dispute(s) (including garnishees):

7.5 Have you during the past 42 months, been declared Bankrupt, Insolvent, under Administration or was a credit judgment issued against you by a Court of Law?

YES: _____ NO: _____

7.5.1 If yes, please furnish details:

7.6 Income Tax Details

7.6.1 Please provide a valid original tax clearance certificate (if registered with the SARS):

7.6.2 If not registered with the SARS, please provide reasons:

7.7 Salary per Annum: R_____ or Earnings per hour (for temporary staff): R_____

7.8 Other Income / Earnings (Interest, Donations, Winnings, Inheritance, Commission, etc): R_____

7.9 Total Assets / Possessions: R_____

7.10 Total Liabilities: R_____

8. **OFFENCES**

8.1 Have you during the past 42 months, been fined or convicted of a criminal offence (excluding traffic fines):

YES: _____ NO: _____

8.1.1 If yes, please furnish details:

8.2 Have you during the past 42 months, been a party to a Lawsuit (including civil actions, but excluding a divorce):

YES: _____ NO: _____

8.2.1 If yes, please furnish details:

9. **DECLARATION OF TRUTH**

I, _____, have personal knowledge
(Full Name)

of the facts contained in this form and certify all information supplied is complete, true and correct.

I furthermore, note and accept that the Board will investigate my background, the information contained in this form and any other information which may influence my suitability as a holder of a certificate of approval. The validity of the “Authorisation for Examination and Release of Information” (M303) and “Release of All Claims” (M304) forms are confirmed and affirmed for the aforementioned investigation purposes.

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

(Signature)

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AUTHORISATION FOR EXAMINATION AND RELEASE OF INFORMATION**INDEMNITY BY APPLICANT**

I, _____ ID No.: _____
(Full Name)

Address: _____

I hereby authorise the Mpumalanga Gaming Board to make my name, surname and identity number available to the South African Police Service.

I authorise a review, full disclosure and release of any records concerning myself to any duly authorised officer, agent or employee of the Mpumalanga Gaming Board, whether such records are of a public, private or confidential nature, on the following understanding:

1. The information reviewed, disclosed, or released may be used by the Mpumalanga Gaming Board to conduct a thorough background investigation regarding me and/or my business entity, and for any other lawful purpose.
2. I release and indemnify the suppliers and users of the information collected pursuant to this authorization from any liability whatsoever and further release and indemnify the Mpumalanga Gaming Board, its officers, agents and employees from any liability whatsoever which may be incurred as a result of the collection and use of such information.
3. If this authorisation is not sufficient to obtain access to certain records, I understand that I may be requested to execute some other appropriate authorisation or release, and that any failure to do so may be taken into consideration by the Mpumalanga Gaming Board in their review of this application. (Inability to complete an investigation will be grounds for denial of the application.)
4. I understand that I may revoke this authorisation in writing at any time, and that the Mpumalanga Gaming Board may take any such revocation of this authorisation into consideration in completing this background investigation.
5. A copy of this authorisation will have the same force and effect as the original.

I, furthermore, authorise the South African Police Service to furnish personal information regarding my criminal background, criminal history, previous convictions and/or any other relevant information such as is usually furnished by the Criminal Record Centre of the South African Police Service in this regard, to the Mpumalanga Gaming Board.

I unconditionally indemnify the South African Police Service, that –

- a) the information is furnished solely for the purpose of my proposed application for a certificate of approval by the Mpumalanga Gaming Board;
- b) any information furnished to the Mpumalanga Gaming Board will be disclosed to me for comments before a decision is made on my application; and
- c) the Mpumalanga Gaming Board is responsible for verifying the accuracy, in every respect, of the information furnished by the South African Police Service.

Signed at, _____ (place), on this _____ (day),
of _____ (month), 20 _____ (year).

Signature of Applicant

WITNESSES:

1. _____ (Name) _____ (Signature)

2. _____ (Name) _____ (Signature)