



NATIONAL LOTTERIES COMMISSION

(Established under the Lotteries Act, 57 of 1997)

APPLICATION FOR A CERTIFICATE TO MANAGE A SOCIETY LOTTERY IN TERMS OF THE LOTTERIES ACT, 57 OF 1997

**BEFORE COMPLETING THIS FORM PLEASE READ IT CAREFULLY
AND NOTE PARTICULARLY THE DOCUMENTS REQUIRED BY THE
COMMISSION. FAILURE TO SUBMIT THE DOCUMENTS IS LIKELY TO
DELAY THE APPLICATION.**

When completed this form should be sent with the documents listed on page 11 and the appropriate fee to:

**National Lotteries Commission
333 Grosvenor Street
Hatfield Gardens, Block D
Hatfield
Pretoria
0083
compenforce@nlcsa.org.za**

1. Full names of the applicant:

2. Details of the applicant:

Date and place of birth:
Nationality:
Identity Document:

Name of Employer (if employed):
Designation:
Years of Experience:
Work Number:

3. Physical address of the applicant

4. Contact details of the applicant:

Email:
Telephone No:

5. Does the applicant have a company?

Yes	No
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If 'yes', please give the name(s) of the companies or undertakings, and the size of the holdings in each case.

Company/undertaking (please give place of Incorporation, type of business and registration number)	Holding	%
.....		
.....		
.....		
.....		

6. Is the applicant's company a wholly or partly owned subsidiary of another company?

Yes	No

7. Has the applicant or any officer of such company ever been convicted of:

- a. Have you ever been convicted of an offence under section 57 or 58 of the Lotteries Act 57 of 1997;
- b. Are you insolvent?
- c. Are you under debt review?
- d. Have you at any time been removed from an office of trust on account of misconduct?
- e. Have you, at any time been convicted of theft, fraud, forgery, perjury or any offence involving dishonesty?
- f. Have you ever received any notice of contravention from the Commission?

Yes	No
_____	_____

If 'yes', please give details i.e. court at which convicted, date of conviction, offence and penalty.

COURT AND DATE

OFFENCE AND PENALTY

Please note in line with Section 41(3)(b) of the Lotteries Act, appointed/aspired lottery manager will be vetted for fit and proper.

SL07(i)/14

8. Is there any reason to believe that a prosecution against the applicant or company of the applicant may be pending?

Yes	No
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If 'yes', please give details

9. Has the applicant at any time previously applied to the Commission for certification?

Yes	No
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If 'yes' please give reference no.

10. Please give the name and address of the appointed auditors:

Name:

Contact Person:

Physical Address:

.....

Postcode:

Telephone no:

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11. Please list all bank accounts, including foreign accounts, held by the applicant at any time during the last five years.

Bank	Account No.	Branch Code	Address	Contact Name

- 13 Will the business of managing lotteries be the only business carried on by the applicant?

Yes	No
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14. Please give the following details of financial requirements:

An estimate of the capital expenditure required:

R

Working capital for the first 12 months:

R

Fee payable to the Commission:

R

Other requirements *(if applicable, state what R these are)*

TOTAL: R

15. Please give details of resources available to meet requirements:

- a. from applicant's own resources:

Nature of resources	Name, address and postcode of holder	A/C reference	Amount

b. from other resources: (state date of birth and identity number.)

Name, address and postcode of proposed source	Rate of interest	Security, repayment and other terms	Amount

Please submit documentary evidence (e.g. letters from a bank) to support the details given at 22a. and b

16. What are the proposed collection and banking arrangements for the proceeds from the lotteries?

17. Describe how the proceeds from each separate lottery will be identifiable and accounted for entirely separately at all times:

SL07(i)/14

18. What protection will there be for the proceeds ultimately due to client societies and prize winners in the event of the financial collapse of the business?

19. Describe the basis on which the business will be paid for its services by client societies (e.g. fixed percentage of proceeds, fixed fee per lottery etc.)

20. From what source will tickets be obtained?

21. What type of lotteries do you propose to manage (e.g. Counterfoil draw, instant etc.)?

22. ...Have arrangements already been made to manage Lotteries on behalf of particular societies?

Yes	No
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If 'yes', please give details (continue on separate sheet, if necessary)

Name of society	Address

23. Please give the name of any other person(s) who will be responsible for the management of the applicant business:

Name	Details of responsibility

24. Please give details of any experience the applicant has in managing lotteries.

25. Has any person named in this application been associated in any way with any other application to the Commission?

Yes	No
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If 'yes', please state the name of the person concerned; give details of any such application; and quote the Commission's reference number.

26. Please give the name and address of the accountants and attorneys, if applicable, acting for the applicant.

Attorneys' name:	Physical address or postcode: Telephone: Email:
Accountants' name:	Physical address or postcode: Telephone: Email:

Further Information and declaration

27. If there is any further information that you wish the Commission to take into account when considering your application for a certificate, please give it below.

- 28. The Commission shall not grant a certificate as a lottery manager in terms of Section 47(4) of the Lotteries Act 1997 if it is not satisfied that the applicant is a fit and proper person to manage a lottery. It may also refuse an application if, among other things, it appears that any person who would be likely to manage any part of the business, or benefit from it, is not a fit and proper person. In the discharge of this duty, the Commission will seek information from the police about the applicant and other persons associated with the application, including any convictions they may have had. This does not absolve those concerned in the application from the duty of declaring any such convictions in full on this form or on their personal declaration forms

- 29. Applicants are warned that the discovery of any material falsification or omission of information required may result in the Commission's refusal to grant a certificate, or revocation of a certificate if one has been issued. Pending a decision by the Commission, all changes affecting any of the information given in this application must be notified to the Commission without delay.

- 30. The following declaration must be signed in all cases:
 - a. by the applicant

I certify to the best of my knowledge and belief that the information given in this application is complete and correct.

Signed:
Full names:
Date:

OFFICE USE ONLY	
Application Fee: R.....	Receipt No.:
Certification Number Issued:	Signature:

**HAVE YOU ENCLOSED ALL NECESSARY DOCUMENTS?
(SEE FOLLOWING NOTES)**

DOCUMENTS TO BE SUBMITTED WITH APPLICATION

- i) Curriculum Vitae (**CV**)
- ii) Interim accounts and or 12 months' bank statements
- iii) Detailed projections, including a profit and loss account, balance sheet and cash flow for the next 12 months
- iv) A bank confirmation letter
- v) A statement of the manner in which the applicant will obtain or provide sufficient funds to operate for the next 12 months. Documentary evidence (e.g. bank letters) should be provided to support any information given about available resources
- vi) Details of who will be responsible for preparing the accounting records and for managing funds, together with their qualifications and experience
- vii) A brief description of the accounting records to be used, indicating whether manual or computerised. If computerised, a note of the software package should be provided.
- viii) Any available note of the proposed systems and internal controls
- ix) Personal declaration form (SL02(a)/14) must be completed by the applicant
- x) A certified copy of the identity document and two copies of a recent photograph (passport size) of the applicant