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DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION

NO. R. 7113 **10 February 2026**

NATIONAL GAMBLING AMENDMENT REGULATIONS, 2004

I, Mr Mpho Franklyn Parks Tau, Minister of Trade, Industry and Competition, in terms of section 87, read with sections 14, 19, 25 and 27, of the National Gambling Act, 2004 (Act No. 7 of 2004), after consultation with the National Gambling Board, intends to make the regulations in the Schedule.

Any person who wishes to submit written comments on the draft Regulations is hereby invited to do so within 45 days from the date of publication hereof by—

(a) posting such comments to the following address:
Private Bag X 84, PRETORIA, 0001;

(b) delivering such comments by hand at the following address:
The Department of Trade, Industry and Competition, 77 Meintjies Street, 1st Floor, Block B, Sunnyside, Pretoria; or

(c) mailing such comments electronically to the following address:
TShale@thedtic.gov.za.

Comments must be addressed to the Director-General: Department of Trade, Industry and Competition, and marked for the attention of Ms Tsholofelo Shale.

MR MPHO FRANKLYN PARKS TAU, MP
MINISTER OF TRADE, INDUSTRY AND COMPETITION
17/01/2026

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SCHEDULE

Interpretation and definitions

1. In this Schedule, "Regulations" means the National Gambling Regulations, 2004, published under Government Notice No. R. 1342 of 12 November 2004, as amended by Government Notice No. R. 89 of 2 February 2007 and Government Notice No. R. 386 of 15 May 2012.

Amendment of regulation 2 of Regulations

2. Regulation 2 of the Regulations is hereby amended by—

(a) the substitution in sub-regulation (1) for paragraph (i) of the following paragraph:

"(i) race group**;**";

(b) the substitution for sub-regulation (2) of the following sub-regulation:

"(2) A person wishing to register as an excluded person shall submit a notice to the Board in hard copy or electronically in Form NGB1/1. The notice must include, at a minimum:

(a) a recent passport-sized photograph or a digital colour photograph of the applicant, with a minimum file size of 250 kilobytes**,** including the person's particulars as listed in sub-regulation (1);

(b) transmit the electronic form to all gambling operators and the provincial licensing authorities.";

(c) the substitution for sub-regulation (4) of the following sub-regulation:

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"(4)(a) The operator shall submit to the Board the notice contemplated in subregulation (2) on the day of receipt of the notice.

(b) The Board shall, within five days, excluding weekends and public holidays, after receiving a notice contemplated in sub-regulation (2) or (3), capture the form in the register of excluded persons as established and maintained in terms of section 65(1)*(c)*(i) of the Act, which all provincial licensing authorities and license holders shall have access to, and the Board shall transmit a copy of the notice to all license holders and provincial licensing authorities.

(c) The operators shall, within five days, excluding weekends and public holidays, after receiving a notice contemplated in paragraph (a), prepare and implement their administrative processes.";

(d) the substitution for sub-regulation (6) of the following sub-regulation:

"(6) A notice contemplated in sub-regulation (2) or (3) shall take effect 10 days after the date on which the notice is submitted to the Board.";

(e) the deletion in sub-regulation (7) at the end of paragraph *(b)* of the word "and"; and

(f) the addition in sub-regulation (7) after paragraph (c) of the following paragraphs:

"(d) to submit to the relevant provincial licensing authority, within 90 days after coming into operation of these Regulations, internal control measures to be implemented by that licence holder—

(i) to effectively enforce exclusion measures within gambling venues; and

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(ii) to satisfactorily control non-participation in gambling activities by people registered in the exclusion database, as part of their internal control procedures; and

(e) that the provincial licensing authority must in turn, submit to the Board their provincial registers of excluded persons and the internal control measures submitted by the license holders referred to in sub-regulation (7)(d).".

Amendment of regulation 8 of Regulations

3. Regulation 8 of the Regulations is hereby amended by the substitution for sub-regulation (4) of the following sub-regulation:

"(4) The re-certification of technical amendments to the standard of gambling machines and devices of any type, variation or model must be conducted—

(a) within 24 months of the lapsing of the letter of certification after the date of commencement of the Regulations; or

(b) within 24 months prior to the lapsing of the letter of certification, if the letter of certification lapses within 24 months of the date of commencement of the Regulations.".

Substitution of Forms

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4. Forms NGB 1/1 and NGB 1/2, respectively, are hereby substituted for the Forms in the Annexure hereto.

ANNEXURE

NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

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

Form NGB 1/1

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INSTRUCTIONS

This form NGB Form 1/1 is prescribed for the 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 Form NGB1/1 remains in force until revoked by way of submission of Form NGB 1/2 as contemplated in Regulation 2(3). This form has 8 pages (including this page)

There is no fee for filling this form.

Contacting the National Gambling Board

National Gambling Board
1085 Francis Baard Street,
Hatfield, Pretoria, 0002

Private Bag X27, Hatfield, 0028
Republic of South Africa
Tel: +27 (0) 10 003 3475
Fax: +27 (0) 86 618 5729
E-mail info@ngb.org.za
Website www.ngb.org.za

National Gambling Board
South Africa

FORM NGB 1/1

NOTICE TO BE INCLUDED IN THE NATIONAL REGISTER OF EXCLUDED PERSONS

_____

SIGNATURE

DATE

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

A person to the Voluntary Exclusion Programme, is encouraged to obtain rehabilitation treatment service for people who have a problem with gambling from any duly registered treatment organisation or person.

(1) The National Responsible Gambling Programme offers -

(a) a 24 hour toll free helpline 0800 006 008 or sms/ WhatsApp line 076 675 0710;

(b) free consultations with a counselor; and

(c) in patient treatment.

"(1) Once you have completed a valid notice for placement on the National Register of Excluded Persons, you will be acknowledging your exclusion from all designated gambling areas nationally.

(2) Upon acceptance of your completed notice the following shall apply:

(a) You will be excluded from all designated gambling areas nationally;

(b) your name will be included in the prescribed Register of Excluded Persons, which register will be made available to all provincial licensing authorities and licensed gambling operators for enforcement, in accordance with the principles underpinning the exclusion process;

(c) you are not permitted to gamble for the duration of the period your name appears in the Register of Excluded Persons;

(d) if you do engage in gambling activities during the period of exclusion, you do so in contravention of the exclusion procedures; and

(e) any winning that may accrue to you during this period is liable to be forfeited and remitted to the Board.".

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NOTICE FOR PLACEMENT ON THE NATIONAL REGISTER

- **Establish whether the person understands English, (If the answer is "no" establish the preferred language and arrange for an interpreter). English,**
  Other (Specify) ……...
- **Establish whether the undersigned is presently under the influence of any 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 notice (If answer is "yes" terminate the interview and re-schedule the interview).**
  Yes □ No □
- **Establish whether the undersigned is completing the form in her/ his own free will. (An answer of "no" terminates the interview, as the undersigned is not eligible for placement on the National Register of Excluded Persons).**
  Yes □ No □

I,…… (Full Names)

……. (Identity number) hereby apply to the Board to be added to the National Register of Excluded Persons for exclusion from designated gambling areas.

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Attach Digital Photo

Please note:

1. Your name and address must be printed on the back of the photograph.
2. Photograph must be the most recent one taken in a period not exceeding three months.

- Complete form with **black** ink.
- The undersigned must initial all pages in the bottom right-hand corner.
- Does the undersigned employment require that they enter designated gambling areas? Yes ☐ No ☐ If yes, please furnish proof:
- Employer: ……..
- Job Title/Description: ……
- Location(s) at which access is needed: …….
- Attach a copy of the undersigned Driver's License or Identification Documentation.
- Attach a recent (not older than three (3) months) passport size colour photograph. Print the undersigned name at the back of the photograph.

I, ……

(Full Names and Identity Number of undersigned)

hereby declare that I am of a sound and sober mind, I have read and understood the contents and consequences of the notice I am completing. I am completing the notice out of my free will and there is no undue pressure that was put on me.

……..

SIGNATURE

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SIGNED AT …… ON THIS……. DAY OF ……,20…….

WITNESSES: ……..

SIGNED AT …… ON THIS……. DAY OF ……..,20……

DETAILS OF THE UNDERSIGNED

FULL NAMES:		
DO YOU HAVE ANY OTHER NAMES OR ALIASES YES ☐ NO ☐		
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	MALE ☐	FEMALE ☐
HEIGHT:	RACE GROUP**:**	
EYE COLOUR:	DISTINGUISHING MARKS:	

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

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Declaration/Undertaking by the undersigned

I, ……
(Full name and identity number of the applicant)

am completing this form to be placed in the National Register for Excluded Persons. I admit that I am accepting that I am a problem gambler and I have not been able to gamble responsibly. I undertake to attend compulsory treatment offered by the National Responsible Gambling Programme or any recognized institution offering such treatment. If I wish to be readmitted to gamble, I undertake to refrain from visiting designated gambling areas nationally during my period of exclusion. I understand that it is my responsibility to stay out of the designated areas regardless of any provisions contained in the legislation and that I will abide by the terms incorporated in this form before me. I understand that if I am discovered within the designated gambling area, I will be removed from the said area.

I understand that, if I complete the notice, a further consequence of me being discovered in a designated gambling area is that I will not be eligible to win a gambling game and thereafter I will be denied winnings I may attempt to claim while visiting designated gambling areas.

I understand that by completing the notice, I am authorizing a licence holder/ regulatory authority to release the contents of my notice – including my name and Identity Number – to all regulatory authorities, licenced operators, their agents and affiliates. (This information can be used only to enforce the exclusions provisions as contemplated in the National Gambling Act, 2004 (Act No. 7 of 2004). No one else may access the information in my notice including my family members, employer or prospective employer).

I understand that it is possible for me to receive mailing from the gambling licence holders, at least for one (1) month, after submitting my notice and notification is sent to licence holders. I understand further that the licence holders must remove my name immediately after being notified of my notice to be listed in the National Register of Excluded Persons. I will report any licence

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holder(s) who continue to send me mails within the period of being listed in the National Register of Excluded Persons to the nearest regulatory authority.

I understand that by completing the notice before me I am requesting to be placed on the National Register of Excluded Persons and that such placement is valid until such time that a notice to revoke the exclusion has been received and approved.

I acknowledge/accept that I am a problem gambler and that I am unable to gamble responsibly.

……. ……., 20……..
Undersigned signature required (date) (year)

……
WITNESS

SIGNED at ……on this …… day of ……., 20……

This information can be used only to enforce the provisions of the National Gambling Act 2004 (Act No. 7 of 2004). No one may access the information in your notice, including your family members, employer, or prospective employer.

Waiver/Release

I, ……., (Identity Number: ……..) wish to be placed on the National Register of Excluded Persons and have filed with the licence holder/regulatory authority this notice for placement on the National Register of Excluded Persons. By filing such notice, I understand that I am a problem gambler and that I am assuming the responsibility of refraining from visiting designated gambling areas nationally. Furthermore, I understand that if I visit a designated gambling area after completing this notice and I am discovered, I will be removed from such premises.

I also understand that my presence in designated areas constitute trespassing. Moreover, I understand that by filing a notice for placement on the National Register of Excluded Persons, and by signing this Waiver/Release, I agree that I am not eligible to play a gambling game or place a legal wager and that I will be denied the winnings based on a gambling game or any wager that I might place.

I authorise any licence holder or its employees to deny me access to a designated gambling area. By signing this release and acknowledging of receipt of good and valid consideration thereof.

I hereby release, remise, and forever discharge the gambling industry members, regulators, agents and employees from any and all manners of actions, causes of action, legal suits, debts, judgments, executions, claims and demands whatsoever, known and 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 the said entities or individuals

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arising out of or by reason of the processing, enforcing or other action or omission relating to this notice, including but not limited to the release of the contents of my notice to any license holder, its agents or employees.

I understand that a license holder, in conjunction with my placement on the National Register of Excluded Persons, will commence processes to ensure the removal of 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. The licence holder must ensure that the excluded person does not receive any mailing adverts after lapse of ten (10) days from the date the Board has notified the licence holder of the listing of the gambler in the exclusions register.
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 exclusions and or 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.

…… ……
SIGNATURE WITNESS

SIGNED at ……on this …….. day of……20…….”

TO BE COMPLETED BY THE OFFICIAL ASSISTING IN COMPLETION OF THIS NOTICE:

(a) I have positively confirmed the identity of the undersigned utilising

……..(Fill in)

(b) The undersigned appearance accords with the photograph sent herewith.

(c) The undersigned has signed the above form in my presence.

(d) When signing the notice:

(i) the undersigned appeared to do so voluntarily and without duress; and

(ii) the undersigned appeared to be in his full and sober senses.

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DESIGNATION:		**INTERPRETER:**	**YES**	**NO**
FULL NAMES:		**FULL NAMES:**		
ADDRESS:		**ADDRESS:**		
OFFICE:		**OFFICE:**		
SIGNATURE:		**SIGNATURE:**		

Additional Notes by the interviewer:

_____
_____
_____
_____
_____

"NATIONAL RESPONSIBLE GAMBLING PROGRAMME TOLL FREE 0800 006 008

Form NGB 1/2

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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 07 pages (including this page) There is no fee for filling this form.

Contacting the National Gambling Board

National Gambling Board
1085 Francis Baard Street,
Hatfield, Pretoria, 0002

Private Bag X27, Hatfield, 0028
Republic of South Africa
Tel: +27 (0) 10 003 3475
Fax: +27 (0) 86 618 5729
E-mail info@ngb.org.za
Website www.ngb.org.za

National Gambling Board
South Africa

FORM NGB 1/2

NOTICE FOR CANCELLATION OF REGISTRATION AS AN EXCLUDED PERSON

_____

SIGNATURE

DATE

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

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NOTICE FOR REMOVAL FROM THE NATIONAL REGISTER OF EXCLUDED PERSONS

Establish whether undersigned understands English, (If the answer is "no" establish undersigned's preferred language and arrange for an interpreter). English □ Other (Specify)……..

- Establish whether the undersigned 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 notice? (If answer is "yes" terminate the interview and re-schedule the interview)
  Yes ☐ No ☐

- Establish whether the undersigned is completing the form in her / his own free will. (Answer of "no" terminates the interview, as the undersigned is not eligible for removal from the National Register of Excluded Persons).
  Yes ☐ **No** ☐

- Complete form with **black** ink.

- The undersigned must initial all pages in the bottom right-hand corner.".

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DECLARATION / UNDERTAKING

I, …….....,

(Full Names and Identity Number)

hereby declare that I am sober, I have read and understood the contents and consequences of the notice I am completing; and that I am completing the notice out of my free will further that no undue pressure was put on me.

I understand that by asking to be removed from the National Register of Excluded Persons I accept that I am a responsible gambler and that I will be liable for the consequences of my gambling.

I understand that to be removed from the National Register of Excluded Persons I must have undergone compulsory rehabilitation treatment with a recognized rehabilitation institution or any duly registered person or organisation. I do confirm that I have undergone and complied with the compulsory rehabilitation treatment plan developed for me (A r*eport from a recognized rehabilitation institution or any* duly registered person or organisation *is attached).*

I acknowledge/accept that I am now a responsible gambler and that I have completed the compulsory rehabilitation treatment plan developed for me.

…… ……..

SIGNATURE **DATE**

I, ……. (full name), (Identity Number) ……. hereby apply to the Board to be removed from the National Register of Excluded Persons".

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PERSONAL DETAILS

Full names:	

Do you have any other names or aliases? YES ☐ NO ☐	
If yes, list the names or aliases:	

Date of Birth:	**ID No:**

	Physical	**Postal**
Address:		
Postal Code:		

Telephone No:	**(Home)**	**(Work)**
	(Cell)	

Email Address:	

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Gender:	**M** ☐ **F** ☐
Registration No:	

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 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 license 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? (*Attach documentary proof thereof)*

I acknowledge/accept that I am now a responsible gambler and that I have completed the compulsory rehabilitation treatment plan developed for me.

…….. **……, 20……..**

Signature **Date**

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……..
Witness

Signed at …….. on this the ……. day of ……, 20……

Waiver/Release

I understand that by filing a notice for removal from the National Register of Excluded Persons and by signing this Waiver/Release, I am now responsible 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, their agents, affiliates and their employees as a result of my participation in gambling.

……..	……..
SIGNATURE	**Witness**

SIGNED at ……. **on this** ……. **day of** ……, 20……..”

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TO BE COMPLETED BY THE OFFICIAL ASSISTING IN COMPLETION OF THIS NOTICE:

I have positively confirmed the identity of the excluded person utilising ……. (fill in).

The undersigned has signed the above form in my presence.

When signing this notice:
the undersigned appeared to do so voluntarily and without duress; and
the undersigned appeared to be in his sound and sober senses.

DESIGNATION:		INTERPRETER:	Yes	No
FULL NAMES:		FULL NAMES:		
ADDRESS:				
OFFICE:		OFFICE:		
SIGNATURE:		SIGNATURE:		

Additional information

Notes

_____

_____

_____

_____

_____

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DEPARTEMENT VAN HANDEL, NYWERHEID EN KOMPETISIE

NO. R. 7113 **10 Februarie 2026**

NASIONALE DOBBEL WYSIGINGS REGULASIES, 2004

Ek, Mnr. Mpho Franklyn Parks Tau, Minister van Handel, Nywerheid en Mededinging, beoog om kragtens artikel 87, saamgelees met artikels 14, 19, 25 en 27 van die"National Gambling Act, 2004" (Wet No. 7 van 2004), na oorlegpleging met die Nasionale Dobbelraad, die regulasies in die Bylae te maak.

Enige persoon wat geskrewe kommentaar op die konsep Regulasies wil indien, word hierby uitgenooi om dit binne 45 dae vanaf die publikasie van hierdie kennisgewing in te dien—

(a) deur sodanige kommentaar aan die volgende adres te pos:
Privaatsak X84, PRETORIA , 0001;

(b) deur sodanige kommentaar per hand by die volgende adres af te lewer:
Die Departement van Handel, Nywerheid en Mededinging, 77 Meintjies Straat, 1ste Vloer, Blok B, Sunnyside, Pretoria; of

(c) deur sodanige kommentaar elektronies na die volgende adres te stuur:
TShale@thedtic.gov.za.

Kommentaar moet aan die Direkteur-generaal: Departement van Handel, Nywerheid en Mededinging gerig en vir die aandag van Me. Tsholofelo Shale gemerk word.



MNR. MPHO FRANKLYN PARKS TAU, LP
MINISTER VAN HANDEL, NYWERHEID EN MEDEDINGING
17/1/2026

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BYLAE

Interpretasie en woordomskrywings

1. In hierdie Bylae beteken "Regulasies" die Nasionale Dobbelregulasies, 2004, wat in Goewermentskennisgewing No. R. 1342 van 12 November 2004, soos gewysig deur Goewermentskennisgewing No. R. 89 van 2 Februarie 2007 en Goewermentskennisgewing No. R. 386 van 15 May 2012.

Wysiging van regulasie 2 van die Regulasies

2. Regulasie 2 van die Regulasies word hierby gewysig deur—

(a) paragraaf (i) in sub-regulasie (1) met die volgende paragraaf te vervang:

"(i) rasgroep;";

(b) sub-regulasie (2) met die volgende sub-regulasie te vervang:

"(2) 'n Persoon wat as 'n uitgeslote persoon wil registreer moet 'n kennisgewing aan die Raad in hardekopie of elektronies in Vorm NGB1/1 indien. Die kennisgewing moet, ten minste, die volgende insluit:

(a) 'n Onlangse paspoort-grootte foto of 'n digitale kleurfoto van die aansoeker, met 'n minimum lêergrootte van 250 kilogrepe, met inbegrip van die persoon se besonderhede soos gelys in sub-regulasie (1);

(b) die elektroniese vorm na alle dobbelaryoperateurs en die provinsiale lisensiëringsowerhede.";

(c) sub-regulasie (4) met die volgende sub-regulasie te vervang:

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"(4)(a) Die operateur moet op die dag wat hul die kennisgewing ontvang, die kennisgewing, soos oorweeg in sub-regulasie (2), aan die Raad indien.

(b) Die Raad moet, binne vyf dae, met die uitsondering van naweke en openbare vakansiedae, na die ontvangs van 'n kennisgewing soos oorweeg in sub-regulasie (2), die vorm in die register van uitgeslote persone wat kragtens artikel 65(1)(*c*)(i) van die Wet ingestel en onderhou word, en waar alle provinsiale lisensiëringsowerhede en lisensiehouers toegang moet hê, opneem, en die Raad moet 'n afskrif van die kennisgewing aan alle lisensiehouers en provinsiale lisensiëringsowerhede stuur.

(c) Die operateur moet binne 5 dae, met die uitsondering van naweke en openbare vakansiedae, na die ontvangs van 'n kennisgewing soos oorweeg in paragraaf (a), hul administratiewe prosesse voorberei en implementeer.

(d) sub-regulasie (6) met die volgende sub-regulasie te vervang:

"(6) 'n Kennisgewing soos beoog in sub-regulasie (2) of (3), moet 10 dae na die datum wat die kennisgewing aan die Raad ingedien is bewerkstellig word.";

(e) deur in sub-regulasie (7) aan die einde van paragraaf (b) die woord "en" te skrap; en

(f) in sub-regulasie (7) na paragraaf (*c*) die volgende paragrawe in te voeg:

“(d) om interne kontrolemaatreëls wat deur die lisensiehouer geïmplementeer sal word, binne 90 dae na die inwerkingtreding van hierdie Regulasies, aan die toepaslike provinsiale lisensiëringsowerheid in te dien—

(i) om uitsluitmaatreëls binne dobbelplekke effektief toe te pas; en

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(ii) om genoegsame beheer oor die nie-deelname in dobbelaktiwiteite deur mense wat in die uitsluitings databasis geregistreer is, uit te oefen, as deel van hul interne kontrole prosedures; en

(e) dat die provinsiale lisensiëringsowerheid om die beurt hul provinsiale registers van uitgelsote persone en die interne kontrolemaatreëls wat deur die lisensiehouer ingedien is, soos bedoel in sub-regulasie (7)(*d*), aan die Raad moet indien.".

Wysiging van regulasie 8 van die Regulasies

3. Regulasie 8 van die Regulasies word hierby gewysig deur sub-regulasie (4) met die volgende sub-regulasie te vervang:

"(4) Die hersertifisering van tegniese wysigings tot die standaard van dobbemasjiene en toestelle van enige tipe, variasie of model moet uitgevoer word—

(a) binne 24 maande na die sertifiseringsbrief verstryk het na die datum van inwerkingtreding van die Regulasies; of

(b) binne 24 maande voor die sertifiseringsbrief verstryk, indien die sertifiseringsbrief binne 24 maande van die datum van inwerkingtreding van die Regulasies val.".

Vervanging van Vorms

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4. Vorms NGB 1/1 en NGB 1/2, word onderskeidelik hierby met die Vorms in die Aanhangsel hieraan vervang.

AANHANGSEL

NASIONALE PROGRAM VIR VERANTWOORDELIKE DOBBELARY
TOLVRY 0800 006 008

Hierdie vorm is deur die Minister van Handel, Nywerheid en Mededinging kragtens artikel 14(1) van die "National Gambling Act, 2004" (Wet No. 7 van 2004) voorgeskryf.

Vorm NGB 1/1

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INSTRUKSIES Hierdie vorm NGB Vorm 1/1 is voorgeskryf vir die gebruik uit kragte van Regulasie 2(2) van die Nasionale Dobbel Regulasies, 2004. Uit kragte van Regulasie 2 van die Nasionale Dobbelraad Regulasies, 2004 bly hierdie Vorm NGB 1/1 in werking tot dit deur middel van Vorm NGB 1/2 herroep word, soos beoog in Regulasie 2(3). Hierdie vorm het 8 bladsye (insluitend hierdie bladsy) *Daar is geen gelde vir die invul van hierdie vorm nie.* Kontak die Nasionale Dobbelraad Nasionale Dobbelraad 1085 Francis Baard Straat, Hatfield, Pretoria, 0002 Privaatsak X27, Hatfield, 0028 Republiek van Suid-Afrika Tel: +27 (0) 10 003 3475 Faks: +27 (0) 86 618 5729 E-pos info@ngb.org.za Webtuiste www.ngb.org.za	National Gambling Board South Africa **Vorm NGB 1/1** **KENNISGEWING OM IN DIE NASIONALE REGISTER VAN UITGELSOTE PERSONE INGESLUIT TE WORD** _____ **HANDTEKENING** **DATUM**

Hierdie vorm is deur die Minister van Handel, Nywerheid en Mededinging kragtens artikel 14(1) van die "National Gambling Act, 2004" (Wet No. 7 van 2004) voorgeskryf.

'n Persoon in die Vrywillige Uitsluitings Program, word aangemoedig om rehabilitasie behandelingsdiens vir mense wat 'n dobbel probleem het van enige geregistreerde behandeling organisasie of persoon te verkry.

(1) Die Nasionale Program vir Verantwoordelike Dobbel bied -

(a) 'n 24-uur tolvrye hulplyn 0800 006 008 of sms/ WhatsApp lyn 076 675 0710;

(b) gratis konsultasies met 'n berader; en

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(c) inwonende pasiëntbehandeling

“(1) Wanneer u ’n geldige kennisgewing voltooi het vir plasing in die Nasionale Register van Uitgelsote Persone, sal u erken dat u uit alle aangewese nasionale dobbelareas uitgesluit word.

(2) As u voltooide kennisgewing aanvaar word, sal die volgende van toepassing wees:

(a) U sal uit alle nasionale aangewese dobbelareas uitgesluit word;

(b) u naam sal in die voorgeskrewe Register van Uitgelsote Persone ingesluit word, wat aan alle provinsiale lisensiëringsowerhede en gelensensieërde dobbelaryoperateurs bekend gemaak sal word vir tenuitvoerlegging, ooreenkomstig die beginsels wat die uitsluitingsproses onderlê;

(c) u word nie toegelaat om te dobbel tydens die periode waar u naam in die Register van Uitgelsote Persone voorkom nie;

(d) indien u aan dobbelaktiwiteite deelneem tydens die periode van uitsluiting, oortree u sodoende die uitsluitingsprosedures; en

(e) u kan enige wins wat u tydens hierdie persiode wen verbeur, en dit sal na die Raad oorgeplaas word.".

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KENNISGEWING VIR PLASING IN DIE NASIONALE REGISTER

- **Stel vas of die persoon Engels verstaan, (indien die antwoord "nee" is, stel vas wat die voorkeurtaal is en reël 'n tolk). Engels,**
  Ander (spesifiseer)…….
- **Stel vas of die ondergetekende huidig onder die invloed van enige drankies, gekontrolleerde middels of voorskrifmedikasie is, wat hom of haar sal verhoed om 'n rasionele en ingeligte besluit te neem rakende die uitvoering van hierdie kennisgewing (Indien die antwoord "ja" is, staak die onderhoud en skeduleer ‘n nuwe tyd vir die onderhoud).**
  Ja □ Nee □
- **Stel vas of die ondergetekende die vorm uit sy/haar vrye wil voltooi. ('n Antwoord van "nee" beïndig die onderhoud, omdat die ondergetekende nie aanmerklik is vir plasing op die Nasionale Register vir Uitgelsote Persone nie).**
  Ja □ Nee □

Ek, ... (Volle Name) ……. (Identiteitsnommer) doen hierby aansoek aan die Raad om op die Nasionale Register vir Uitgelsote Persone geplaas te word vir die uitsluiting van aangewese dobbelareas.

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Voeg digitale foto by

Let wel:

1. U naam en adres moet op die agterkant van die foto gedruk word.
2. Die foto moet onlangs wees, geneem in 'n periode wat nie drie maande oorskry nie.

- Voltooi die vorm met **swart** ink.
- Die ondergetekende moet alle bladsye parafeer in die hoek regs onder.
- Benodig die ondergetekende se werk dat hul 'n aangewese dobbelarea betree? Ja □ Nee □ Indien ja, verskaf verdere bewys:
- Werkgewer: …….
- Werkstitel/ Beskrywing: ……
- Ligging(s) waar toegang benodig word: …….
- Voeg 'n afskrif van die ondergetekende se bestuurslisensie of identiteitsdokument by.
- Voeg 'n onlangse (nie ouer as drie (3) maande) paspoort-grootte kleurfoto by. Druk die ondergetekende se naam agter aan die foto.

Ek,

……..……..……..……

(Volle Name en Identiteitsnommer van ondergetekende)

verklaar hierby dat ek helder en nugter van verstand is en dat ek die inhoud en nagevolge van die kennisgewing wat ek voltooi verstaan. Ek voltooi die kennisgewing uit my vrye wil en daar geen onnodige druk wat op my geplaas is nie.

……..

HANDTEKENING

GETEKEN TE …… OP HIERDIE…….. DAG VAN …….., 20…….

GETUIENISSE: ……..

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GETEKEN TE …… OP HIERDIE……. DAG VAN ……, 20…….

BESONDERHEDE VAN DIE ONDERGETEKENDE

VOLLE NAME:		
HET U ENIGE ANDER NAME OF SKUILNAME	**JA** □	**NEE** □
INDIEN JA, LYS DIE NAME OF SKUILNAME		
GEBOORTEDATUM	**IDENTITEITSNOMMER:**	
ADRESSE	Fisiese	Pos
POSKODE		
TELEFOON NO:	(Huis)	(Werk)
	(Sel)	
E-POSADRES		
GESLAG	MANLIK □	VROULIK □
HOOGTE:	RASGROEP:	
OOGKLEUR:	KENMERKENDE MERKE:	

Ek sal ook die lisensiehouer/ Reguleeringsgesag toelaat om 'n foto van my in digitale formaat te neem vir die doeleindes om sodanige lisensiehouer/ Reguleringsowerheid in staat te stel om my versoek na te kom, slegs kragtens hierdie vorm.

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Verklaring/ Ondertekening deur die ondergetekende

Ek, ……...
(Volle Name en Identiteitsnommer van aansoeker)

voltooi hierdie vorm om op die Nasionale Register vir Uitgelsote Persone geplaas te word. Ek erken dat ek aanvaar dat ek 'n probleemdobbellaar is en nie daartoe in staat was om verantwoordelik te dobbel nie. Ek onderneem om verplige behandeling deur die Nasionale Program vir Verantwoordelike Dobbel of enige erkende instansie wat sodanige behandeling aanbied, by te woon. Indien ek weer toegelaat wil word om te dobbel, onderneem ek om van aangewese nasionale dobbel areas weg te bly tydens my tydperk van uitsluiting. Ek verstaan dat dit my verantwoordelikheid is om die aangewese areas te vermy, ongeag enige bepalings wat in die wetgewing vervat is, en dat ek die bepalings in hierdie vorm vervat sal nakom. Ek verstaan dat indien ek binne die aangewese dobbelarea ontdek word, ek van sogenoemde area verwyder sal word.

Ek verstaan dat indien ek die kennisgewing voltooi, as ek in 'n aangewese dobbelarea ontdek word, 'n verdere nagevolg sal wees dat ek nie in aanmerking sal wees om 'n dobbelspel te wen nie en daarna sal ek wins geweier word indien ek poog om dit te eis terwyl 'n aangewese dobbelarea besoek word.

Ek verstaan dat deur hierdie vorm te voltooi, bemagtig ek 'n lisensiehouer/ reguleringsowerheid om die inhoud van my notas vry te stel– met inbegrip van my naam en identiteitsnommer – aan alle reguleringsowerhede, lisensie operateurs, hul agente en samewerkers. (Hierdie inligting kan slegs gebruik word om die uitsluitingsbepalings beoog in die “National Gambling Act, 2004” (Wet No. 7 van 2004), af te dwing. Geen ander persoon mag toegang tot die inligting in my kennisgewing kry nie met inbegrip van my familielede, werkgewer, of voornemende werkgewer).

Ek verastaan dat dit vir my moontlik is om pos van die dobbellisensiehouers vir ten minste een (1) maand nadat my kennisgewing ingedien is en kennisgewing na lisensiehouers gestuur is, te ontvang. Ek verstaan verder dat die lisensiehouers onmiddelik na hul in kennis gestel is van my kennisgewing om in die Nasionale Register van Uitgelsote Persone gelys te word, my naam moet verwyder. Ek sal enige lisensiehouer(s) wat steeds vir my pos stuur binne die periode wat ek in die Nasionale Register van Uitgelsote Persone gelys is, by die naaste reguleringsowerheid rapporteer.

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Ek verstaan dat deur hierdie kennisgewing te voltooi, ek versoek om op die Nasionale Register vir Uitgelsote Persone geplaas te word, en dat sodanige plasing geldig is tot sodanige tyd wat 'n kennisgewing om die uitsluiting te herroep, ontvang en goedgekeur is.

Ek erken/ verstaan dat ek 'n probleemdobbellaar is en dat ek nie daartoe in staat is om verantwoordelik te dobbel nie.

…… ……., 20……..
Ondergetekende se handtekening benodig (datum) (jaar)

……
GETUIE

GETEKEN te …… op hede die …… dag van ……....., 20…..

Hierdie inligting kan slegs gebruik word om die bepalings van die “National Gambling Act, 2004” (Wet No. 7 van 2004), af te dwing. Geen ander persoon mag toegang tot die inligting in my kennisgewing kry nie, met inbegrip van my familielede, werkgewer, of 'n voornemende werkgewer.

Vrystelling

Ek, ……., (Identiteitsnommer: ……..) wil op die Nasionale Register van Uitgelsote Persone geplaas word en het met die lisensiehouer/ reguleringsowerheid hierdie kennisgewing ingedien vir die plasing op die Nasionale Register van Uitgelsote Persone. Deur sodanige kennisgewing in te vul, verstaan ek dat ek 'n probleemdobbellaar is en dat ek die verantwoordelikheid opneem om die besoek van enige aangewese nasionale dobbelarea te vermy. Verder, verstaan ek dat indien ek 'n aangewese dobbelarea besoek nadat hierdie kennisgewing voltooi is, en ek ontdek word, ek van sodanige perseel verwyder sal word.

Ek verstaan ook dat my teenwoordigheid in die aangewese areas as onregmatige betreding uitgemaak kan word. Verder verstaan ek dat deur 'n kennisgewing vir plasing op die Nasionale Register van Uitgelsote Persone in te vul, en deur hierdie vrystelling te onderteken, stem ek in dat ek nie aanmerklik is om enige dobbelspel te speel of 'n wetlike weddenskap te plaas nie, en dat ek die wins, gebaseer op 'n dobbelspel of weddenskap wat ek mag plaas, geweier sal word.

Deur hierdie vrystelling te onderteken en te erken dat dit ontvang is en dat daar goeie en geldige oorweging daarvan is, bemagtig ek enige lisensiehouer of sy werknemers om my toegang tot 'n aangewese dobbelarea te weier.

Ek stel hiermee die dobbel-industrie lede, reguleerders, agente en werknemers vry van enige en alle wyses van aksies, skuldoorsake, regsake, skuld, uitsprake, eise, bekend of onbekend, in wetgewing of ekwiteit waar ek, die ondergetekende, en my nasate, administrateurs, eksekuteers en opgedrades, ooit gehad het, nou het, mag hê of eis om teen enige van sogenoemde entiteite

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of individue wat voortspruit of deur die prosessering, afdwinging of ander aksie of weglating verbind aan hierdie kennisgewing, met inbegrip van, maar nie beperk tot, die ontslag van die inhoud van my kennisgewing aan enige lisensiehouer, sy agente of werknemers nie.

Ek verstaan dat 'n lisensiehouer, in ooreenkoms met my plasing op die Nasionale Registers van Uitgelsote Persone sal prosesse begin om te verseker dat my naam van alle poslyste verwyder word, wat bemarkingsaanbiedinge mag oplewer en spesifiek aan my gestuur word en my krediet (indien van toepassing) en enige klub lidmaatskappe, te weier. Die lisensiehouer moet verseker dat die uitgelsote persoon nie enige pos-advertensies na tien (10) dae van die datum wat die Raad die lisensiehouer in kennis gestel het van die dobbelaar se plasing op die uitsluitingsregister, ontvang nie.
Ek verstaan dat die Nasionale Program vir Verantwoordelike Dobbel of sy agente of werknemers my van tyd tot tyd mag kontak om navorsing te doen, wat benodig word om die Vrywillige Uitsluitings Program te evalueer, en toepaslike metodes vir die aanspreek van uitsluiting en of probleem dobbelkwessies, te bepaal.

Ek het hierdie vrystelling gelees en verstaan al die bepalings. Ek voer dit vrywillig uit en met volle kennis van die nagevolge en beduidenheid daarvan.

…….. ……..
HANDTEKENING GETUIE

GETEKEN te ……. op hierdie……. dag van……, 20……."

MOET DEUR DIE AMPTENAAR WAT BYSTAND MET DIE VOLTOOIING VAN HIERDIE KENNISGEWING BIED, VOLTOOI WORD

(a) Ek het stellig die identiteit van die ondergetekende bevestig deur gebruik van

……..(Vul in)

(b) Die ondergetekende se voorkoms stem ooreen met die foto hierby.

(c) Die ondergetekende het die bogenoemde vorm in my teenwoordigheid voltooi.

(d) Wanneer die kennisgewing geteken is:

(i) het die ondergetekende blyk dit vrywillig en sonder dwang geteken; en

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(ii) die ondergetekende blyk in volle en nugter van verstand te wees.

HOEDANIGHEID:		**TOLK:**	**JA**	**NEE**
VOLLE NAME:		**VOLLE NAME:**		
ADRES:		**ADRES:**		
KANTOOR:		**KANTOOR:**		
HANDTEKENING:		**HANDTEKENING:**		

Bykomende Notas deur die onderhoudvoerder:

_____
_____
_____
_____
_____

"NASIONALE VERANTWOORDELIKE DOBBELARY PROGRAM TOLVRY 0800 006 008

Vorm NGB 1/2

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INSTRUKSIES

Hierdie vorm is voorgeskryf vir die gebruik kragtens [Regulasie 2(3) van die Nasionale Dobbel Regulasies, 2004.

Hierdie vorm het 07 bladsye (insluitende hierdie bladsy) Daar word geen gelde benodig vir die invul van hierdie vorm nie.

Kontak die Nasionale Dobbelraad

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National Gambling Board
South Africa

VORM NGB 1/2

KENNISGEWING VIR DIE KANSELLASIE VAN REGISTRASIE AS 'N UITGELSOTE PERSOON

_____

HANDTEKENING

DATUM

Hierdie vorm is deur die Minister van Handel, Nywerheid en Mededinging kragtens artikel 14(2) van die "National Gambling Act," 2004 (Wet No. 7 van 2004) voorgeskryf."

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KENNISGEWING VIR VERWYDERING VAN DIE NASIONALE REGISTER VAN UITESLOTE PERSONE

Stel vas of die ondergetekende Engels verstaan, (indien die antwoord "nee" is, stel vas wat die ondergetekende se voorkeurtaal is, en reël 'n tolk). Engels □ Ander (spesifiseer)……..

- Stel vas of die ondergetekende huidig onder die invloed van enige alkoholiese drankies, gekontrolleerde middels of voorskifmedikasie is, wat hom of haar sal verhoed om 'n rasionele en ingeligte besluit te neem rakende die uitvoering van hierdie kennisgewing (Indien die antwoord "ja" is, staak die onderhoud en skeduleer ‘n nuwe tyd vir die onderhoud).
  Ja □ Nee □

- Stel vas of die ondergetekende die vorm uit sy/haar vrye wil voltooi. (Antwoord van "nee" beïndig die onderhoud, omdat die ondergetekende nie aanmerklik is vir plasing op die Nasionale Register vir Uitgelsote Persone nie).
  Ja □ **Nee** □

- Voltooi die vorm met **swart** ink.

- Die ondergetekende moet alle bladsye parafeer in die hoek regs onder.".

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VERKLARING/ ONDERTEKENING

Ek,

……..,

(Volle Name en Identiteitsnommer)

verklaar hierby dat ek helder en nugter van verstand is en dat ek die inhoud en nagevolge van die kennisgewing wat ek voltooi verstaan; en dat ek die kennisgewing uit my vrye wil voltooi en dat geen onnodige druk op my geplaas is nie.

Ek verstaan, deur te vra om van die Nasionale Register van Uitgelsote Persone verwyder te word, ek aanvaar dat ek 'n verantwoordelike dobbelaar is en dat ek aanspreeklik vir die nagevolge van my dobbelary is.

Ek verstaan dat deur vanaf die Nasionale Register van Uitgelsote Persone verwyder te word, ek verpligte rehabilitasie behandeling met 'n geregistreerde rehabilitasie instelling of enige geregistreerde persoon of organisasie moes ondergaan. Ek bevestig dat ek die verpligte rehabilitasie behandelingsplan wat vir my ontwikkel is, ondergaan en nagekom het ('n verslag van 'n erkende rehabilitasie instelling of enige ander geregistreerde persoon of organisasie is aangeheg).

Ek erken/ aanvaar dat ek nou 'n verantwoordelike dobbelaar is en dat ek die verpligte rehabilitasie behandelingsplan wat vir my ontwikkel is voltooi het.

…… ……

HANDTEKENING **DATUM**

17

Ek, ……... (Volle name), (Identiteitsnommer)…… doen hierby aansoek tot die Raad om van die Nasionale Register vir Uitgelsote Persone verwyder te word".

PERSOONLIKE BESONDERHEDE

Volle name:	

Het u enige ander name of skuilname? JA ☐ NEE ☐	
Indien ja, lys die name of skuilname:	

Geboortedatum:	**ID-nommer:**

	Fisiese	**Pos**
Adres:		
Poskode:		

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Telefoon No:	**(Huis)**	**(Werk)**
	(Sel)	

E-posadres:	

Geslag:	**M** □ **V** □
Registrasie No.	

1	Ja	Nee	Het u die aansoek wat aan u verskaf is gelees, en verstaan u die inhoud?
2	Ja	Nee	Verstaan u deur te versoek om van die Nasionale Register van Uitgelsote Persone verwyder te word, u aanvaar dat u 'n verantwoordelike dobbelaar is en aanspreeklik sal wees vir enige nagevolge van u dobbelary?
3	Ja	Nee	Verstaan u dat, indien u van die Nasionale Register van Uitgelsote Persone verwyder word, dit u verantwoordelikheid is om verantwoordelik te dobbel?
4	Ja	Nee	Verstaan u dat die lisensiehouer/ reguleringsowerheid vereis dat u behandeling ondergaan voordat u van die Nasionale Register vir Uitgelsote Persone verwyder kan word?
5	Ja	Nee	Het u enige vereistes van rehabilitasie programme wat vir u ontwikkel is, nagekom? (Voeg hierby ‘n dokument van bewys daarvan aan)

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Ek erken/ aanvaar dat ek nou 'n verantwoordelike dobbelaar is en dat ek die verpligte rehabilitasie behandelingsplan wat vir my ontwikkel is voltooi het.

…….. ……, 20……..
Handtekening Datum

……..
Getuie

Geteken te ……. op hierdie……. dag van ……, 20…….

Vrystelling

Ek verstaan deur die invul van hierdie kennisgewing van verwydering van die Nasionale Register van Uitgelsote Persone en deur hierdie vrystelling te teken, is ek nou verantwoordelik vir my dobbelaktiwiteite.

Ek verstaan verder dat deur hierdie vorm te teken ek nie geregtig sal wees om regsaksies teen die dobbelary operateur/ Raad/ Provinsiale Lisensieringsgesag of sy agente, samewerkers, en hul werknemers kan neem as gevolg van my deelname in dobbelary nie.

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…….. ……..

HANDTEKENING **Getuie**

GETEKEN te ……. op hierdie ……. dag van ……., 20……."

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MOET DEUR DIE AMPTENAAR WAT BYSTAND MET DIE VOLTOOIING VAN HIERDIE KENNISGEWING BIED, VOLTOOI WORD:

Ek het stellig die identiteit van die uitgelsote persoon bevestig deur gebruik te maak van……..……..(Vul in).

Die ondergetekende het die bogenoemde vorm in my teenwoordigheid voltooi.

Wanneer die kennisgewing geteken is:
het die ondergetekende blyk dit vrywillig en sonder dwang geteken; en
die ondergetekende blyk om helder en nugter van verstand te wees.

HOEDANIGHEID:		TOLK:	Ja	Nee
VOLLE NAME:		VOLLE NAME:		
ADRES:				
KANTOOR:		KANTOOR:		
HANDTEKENING:		HANDTEKENING:		

Bykomende inligting

Notas:

_____

_____

_____

_____

_____

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