

FSGTLA

Operations Division
 Liquor Processing Sub-Division
 Telephone: (051) 404 0300
 Email: Reception@fsglta.gov.za
 Website: www.gla.fs.gov.za



Official Stamp

**NOTIFICATION IN TERMS OF SECTION 39(3) REGARDING PROCURING OF A CONTROLLING
 INTEREST OVER THE REGISTRANT**

FREE STATE GAMBLING, LIQUOR AND TOURISM ACT NO 6 OF 2010 AS AMENDED

Please print clearly or type the information on this application. **An application and registration fee are required**, please see the schedule fee at your local office. Unfortunately, no money will be accepted at any of our offices or officials, but money must be deposited in our official bank account and receipt must accompany this application. The application fee is non-refundable. Return your completed application, documentation and appropriate fee to your nearest regional office.

INDEX (information required at lodgement)

No	Document Description	Annexure
(i)	Application	Form FSLA 1
(ii)	Comprehensive written representations	A
(iii)	Proof of payment of prescribed fees	B

To be completed if application is not prepared by applicant

Name and Surname: <i>(if applicable)</i>	Law Firm/ Consultant: <i>(if applicable)</i>
Contact Details:	Email Address:

Part A (Applicant information)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:
Birth Date: / /	Identity No/Passport No:	Age:
	Nationality:	Sex:
Residential Address:	Town:	Postal Code:
Contact Details: ()	Email Address:	
Below indicated information in with the business will reside		
ERF Number:	Business Street Address:	Town/City:
Postal Code:	Local Municipality:	

To be completed if applicant is juristic person

Name of Company:	Registration Date: / /	Company Registration Number:
-------------------------	----------------------------------	-------------------------------------

Disclaimer and Signature

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Signature of applicant or person authorized to sign application

Date: _____

I certify that this declaration has been signed and sworn to/affirmed before me at _____
 this _____ day of _____ by the applicant/person authorized to sign application who acknowledged that –

- (i) he/she knows and understands the contents of this declaration;
- (ii) he/she has no objection to taking the prescribed oath/affirmation; and
- (iii) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /'I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____
 Business address: _____
 Designation: _____
 Area for which appointment is held: _____
 Office held if appointment is ex officio: _____

Part B Information relating to the person who obtained control (applicant)

To be completed if applicant is Natural Person

Initials:	Full Names:	Surname:		
Birth Date: / /	Identity No/Passport No:	Age:	Nationality:	Sex:
Residential Address:		Town:		Postal Code:
Contact Details: ()		Email Address:		
Below indicated information in with the business will reside				
ERF Number:	Business Street Address:	Town/City:		

Postal Code:	Local Municipality:	
To be completed if applicant is juristic person		
Name of Company:	Registration Date: / /	Company Registration Number:

(a) Is applicant-	
(i) Has the applicant been convicted of a contravention of this Act or any other liquor legislation within the three years immediately preceding the date of application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been convicted, under applicable legislation, of an offence the elements of which are inconsistent with the objects and purposes of this Act, at any time -	
(a) after the coming into operation of this Act; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) within the three years immediately preceding the date of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Is the applicant an unrehabilitated insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If the applicant is a company, close corporation, partnership or trust, state whether a person contemplated in subparagraph (i) –	
(i) has a controlling interest in such a company, close corporation or trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) is a partner in such a partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) is the main beneficiary under such a trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) If any of the questions in subparagraphs (a) or (b) have been replied to in the affirmative, provide full details (use an annexure if necessary)	

Part C

<p>(a) State the names, identity number and address of each person, including the applicant, who will have any financial interest in the business and in each case the nature and extent of such interest. [If the applicant is a public company, statutory institution or a co-operative as contemplated in the Co-operatives Act, 1981 (Act 91 of 1981), it shall be sufficient if only the name and postal address of such company, statutory institution or co-operative, as the case may be, the name of each director (if any) thereof and the nature and extent of the financial interest of such company, statutory institution or co-operative are furnished and not also the interests of individual members of such company, statutory institution or co-operative (Use an annexure if necessary) Click or tap here to enter text.</p>
<p>(b) State the financial interest in the liquor trade in the Province of the applicant and if the applicant is a private company, close corporation, partnership or trust, also of every shareholder, member or partner thereof or beneficiary thereunder. (If the applicant or the said shareholder, member, partner or beneficiary has no such interest, this fact must be specifically mentioned) (Use an annexure if necessary) Click or tap here to enter text.</p>

Part D (5)

If application is made for a micro-manufacturer's registration to produce wine only -

(a) Is applicant-	
(i) a person who engages in viticulture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) an association of person, most of the members of which engages in viticulture	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) a co-operative society, which manufactures wine from grapes produced by members of the co-operative society and of which no other such co-operative society is a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) describe the location of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if part E (5) if not applicable	<input type="checkbox"/> Not applicable

Part E (6)

If applicant is made for a micro-manufacturer's registration-	
(a) is applicant a person who-	
(i) engages in viticulture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) manufactures any other fermented beverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Describe the situation of the premises where the liquor concerned is manufactured with reference to the erf, street or farm number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark if part F (6) if not applicable	<input type="checkbox"/> Not applicable

Part F (7)

Under what Name is the business to be conducted?	Click or tap here to enter text.
Will applicant have the right to occupy the premises referred to in paragraph 8, including such place on other premises upon which any approval is to be exercised, for the purposes of the registration applied for?	Click or tap here to enter text.
In the case of an application for an on-consumption registration, state in which portion of the premises, the sale of liquor is to take place	Click or tap here to enter text.

Disclaimer and Signature

I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true.

Signature of applicant or person authorized to sign application

Date: _____

I certify that this declaration has been signed and sworn to/affirmed before me at _____

this _____ day of _____ by the applicant/person authorized to sign application who acknowledged that –

- (iv) he/she knows and understands the contents of this declaration;
- (v) he/she has no objection to taking the prescribed oath/affirmation; and
- (vi) he/she considers the prescribed oath to be binding on his/her conscience, and that the/she uttered the following words:

'I swear that the contents of this declaration are true, so help me God'. /I truly affirm that the contents of this declaration are true'.

Commissioner of Oaths

Full name: _____

Business address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____