FSGLTA
Operations Division
Liquor Processing Sub-Division
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Official Stamp

APPLICATION IN TERMS OF SECTION 37 TO VARY CONDITIONS OF REGISTRATION

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.

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Description of document	***Annexure***
(i) Application	Form FSLA6
(ii) Copy of registration certificate and conditions of registration	A
(iii) Description of the conditions of registration that should be varied	B
(iv) Comprehensive written representations	C
(v) Proof of payment of prescribed fees	D
(vi) Certified copy of the applicant's identity document (South African ID Copy)	E

Full names of registrant: *(applicant)*	**Application prepared by:**
Postal address:	**Telephone no:**

Full names of applicants:	**Age:**
Identity number or in the case of a company or close corporation, its registration number:	
What is the name of the business (registration) where application is sort for?	

Residential address or address of registered office:	
Business address and location of the premises to which the application relates:	
Postal address:	**Business telephone number:**

2. Describe in detail what variance you which to effect on currently existing conditions of the registration.

……..

……..

……

(attach additional page if the above space is too little for information you want to present)

3. Submit comprehension written motivation

(attach your motivation on a separate page as annexure on this form)

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

Date……

……

Signature of applicant or person authorized to sign application

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 he/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 names: _____
Business address: _____
Designation: _____
Area for which appointment is held: _____
Office held if an appointment is ex officio: _____