

EASTERN CAPE LIQUOR ACT, 2003 (Act No. 10 of 2003)

APPLICATION FOR A NATURAL PERSON TO MANAGE AND BE
RESPONSIBLE FOR THE BUSINESS TO WHICH THE REGISTRATION
RELATES

REFERENCE NO: _____

1. Under what name is the registered business conducted:
2. State the following particulars of person whose appointment has been terminated:
 - a) Full name: _____
 - b) Identity number: _____
 - c) Date of termination of appointment: _____
3. State the particulars of person to be appointed: _____
 - a) Full name: _____
 - b) Age: _____
 - c) Identity number: _____
 - d) Contact details: _____
 - e) Relationship between person to be appointed and the holder of the certificate of registration: _____

Signature of person to be appointed

f) Is he / she a person who -

(i) is disqualified or incompetent in terms of the Act?

YES

NO

(ii) Is not permanently residing in the Republic?

YES

NO

(iii) If any of the questions in subparagraph (i) have been replied to in the affirmative, provide full details:

g) Date of appointment: _____

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

Date: _____

**Signature of holder of certificate
of registration or person authorised
to sign application**

I certify that this declaration has been signed and sworn to / affirmed before me at _____ this _____ Day of _____ by the holder of the certificate of registration / person authorised 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 name: _____

Business Address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

THE PROTECTION OF PERSONAL INFORMATION ACT (POPIA) CONSENT FORM

The purpose of the POPIA is to protect personal information of individuals and businesses and to give effect to their right of privacy as provided for in the Constitution. By signing this form, you consent to your personal information being processed by the Eastern Cape Liquor Board and consent is effective immediately and will remain effective until such consent is withdrawn.

I _____, the undersigned, hereby consent to the following:

1. My personal information may be processed by the Eastern Cape Liquor Board ("ECLB") during and after the processing of my application for purposes of compliance with the Eastern Cape Liquor Act 10 of 2003 and Regulations.
2. Furthermore, I understand that:
 - 2.1. I have the right to access my personal information which the ECLB and all the parties involved hold.
 - 2.2. I have the right to ask the ECLB and all the parties involved to update, correct, or delete my personal information on reasonable grounds.
 - 2.3. Should I wish to withdraw my consent to process my personal information, I must do so in writing, addressed to the ECLB.
 - 2.4. Once I withdraw my consent for ECLB to process my personal information, I understand that ECLB and all the parties involved in the ECLB processes are still obliged under other legislation to keep my personal information.
 - 2.5. The ECLB and all the parties involved may disclose my information where they have a duty or a right to disclose in terms of applicable legislation or where it may be necessary under other law.

Signed at _____ on this _____ day of _____ 20_____

Data Subject