

## SCHEDULE 10

PROVINCE OF KWAZULU-NATAL  
REGULATION OF RACING AND BETTING ORDINANCE, 1957 (ORDINANCE NO. 28 OF 1957)  
DECLARATION AND STATEMENTS BY A BOOKMAKER OR A TOTALISATOR OFFERING FIXED-  
ODDS BETS, IN RESPECT OF THE TAXES TO BE PAID OVER ON SPORTS BETS OR BETS ON ANY  
OTHER EVENT OR CONTINGENCY AND ANY TAKE-BACK BETS IN RESPECT OF WHICH A  
DEDUCTION IS CLAIMED

Full name of bookmaker/TAB (Natal): \_\_\_\_\_

\_\_\_\_\_  
(in the case of a partnership, give full names of all partners)

Name under which business conducted: \_\_\_\_\_

Physical address of betting room/totalisator: \_\_\_\_\_

\_\_\_\_\_  
Postal address: \_\_\_\_\_

\_\_\_\_\_  
Month and year in respect of which return is rendered: \_\_\_\_\_  
(in respect of a return on bets made in a betting room)

### **DECLARATION**

I, the above-named and undersigned bookmaker/partner in the above-named partnership; or  
I, the signatory for TAB (Natal)\* hereby solemnly declare that—

- (i) the gross amount of any money, security or valuable thing paid or given or to be paid or given by me or to me in fulfilment of all sports bets made at the above-mentioned event is fully and truly disclosed in Statement A hereto; and
- (ii) the details of the take-back bets taken by me to cover my liabilities in respect of bets made at the above-mentioned event are fully and truly disclosed in Statement B hereto and in the attached Schedule 11.

\_\_\_\_\_  
Signature of bookmaker/TAB (Natal) signatory\*

### **AS WITNESS:**

Full names \_\_\_\_\_

Residential address \_\_\_\_\_

Postal address \_\_\_\_\_

Telephonic contact details: \_\_\_\_\_

South African Identification Number: \_\_\_\_\_