FORM 12  
APPOINTMENT IN TERMS OF SECTION 33(1) OR (2) OF THE ACT OF A NATURAL PERSON TO MANAGE AND BE RESPONSIBLE FOR THE BUSINESS TO WHICH THE LICENCE RELATES

**[Reg. 53(1)]**

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| **NORTHERN CAPE LIQUOR ACT, 2008** | | |
|  | Liquor Board’s Reference no. ….……..................................................... | |
| **INDEX** | | |
| ***Description of document*** | | ***Annexure*** |
| Appointment | | Form 12 |
| Form completed by…...………......................................................................................................................... | | |
| Postal address………....................................................................................................................................... | | |
| Telephone no. …….......................................................................................................................................... | | |

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| 1 Under what name is the licensed business conducted?………………………………………………………. | | | |
| 2 In which municipality is the premises referred to in paragraph 1, situated?…………................................. | | | |
| 3 State the following particulars of person whose appointment has been terminated: | | | |
| *(a)* Full name……................................................................................................................................. | | | |
| *(b)* Identity number……….................................................................................................................... | | | |
| *(c)* Date of termination of appointment………….................................................................................. | | | |
| 4 State the following particulars of person now appointed: | | | |
| *(a)* Full name………............................................................................................................................. | | | |
| *(b)* Age…….......................................................................................................................................... | | | |
| *(c)* Identity number……….................................................................................................................... | | | |
| *(d)* Relationship between him or her and the person who is the holder of the licence…………...........  ………………………………………………………………………………………………………………. | | | |
| *(e) (*i*)* Is he or she a person who - |  |  |  |
| (*aa*) has in the Republic or elsewhere in the preceding 10 years been sentenced for any offence to imprisonment without the option of a fine? |  |  |  |
|  | Yes |  | No |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| (*bb*) has in the preceding 10 years been convicted of an offence in terms of this Act or the National Liquor Act, irrespective of the sentence imposed, and was within 5 years after the conviction again convicted of an offence in terms of any of the above-mentioned two Acts and was then sentenced therefor to a fine of not less than R200 or to imprisonment without the option of a fine? |  |  |  |
|  | Yes |  | No |
|  |  |  |  |
| (*cc*) is not domiciled in the Province? | Yes |  | No |
|  |  |  |  |
| (*dd*) an unrehabilitated insolvent? | Yes |  | No |
|  |  |  |  |
| (*ee*) is a minor? | Yes |  | No |
|  |  |  |  |
| (ii) If any of the questions in subparagraph (i) have been replied to in the affirmative, provide full details…………………...................................................................................................... (Use an annexure if necessary) | | | |
| *(f)* Date of appointment………............................................................................................................. | | | |

|  |  |
| --- | --- |
| I declare/truly affirm that the information furnished in this Form and in the documents attached to it, is true. | |
| Date........................................................................ | ............................................................................... *Signature of the holder of the licence or person authorized to sign Form* |
| I certify that this declaration has been signed and sworn to/affirmed before me at …….............................. this ..................................................................... day of ........................................................... by the holder of the licence/person authorized to sign Form 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* |  |

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| --- |
| Full name…….................................................................................................................................................. |
| Business address……….................................................................................................................................. |
| Designation……............................................................................................................................................... |
| Area for which appointment is held………....................................................................................................... |
| Office held if appointment is *ex officio……….*.................................................................................................. |