Statutory Instrument No. 75 of 2024

GAMBLING ACT
(Cap. 19:03)

GAMBLING (AMENDMENT) REGULATIONS, 2024

(*Published on 28th June, 2024*)

ARRANGEMENT OF REGULATIONS

REGULATION
1. Citation
2. Amendment of regulation 108 of Cap. 19:03 (Sub. Leg.)
3. Amendment of regulation 109 of the Regulations
4. Amendment of Schedules to the Regulations

IN EXERCISE of the powers conferred on the Minister of Trade and Industry by section 135 of the Gambling Act, the following Regulations are hereby made —

Citation

1. These Regulations may be cited as the Gambling (Amendment) Regulations, 2024.

Amendment of regulation 108 of Cap. 19:03 (Sub. Leg.)

2. The Regulations are amended by substituting for regulation 108, the following new regulation —

"Payment of licence levy and service fee

(1) A licensee under these Regulations shall pay a licence levy and a service fee calculated at a rate specified in Schedules 15 and 15A of the licensee's gross gambling revenue derived from gambling activities.

(2) A licensee shall pay to the Authority the licence levy and service fee specified under subregulation (1), during the subsistence of a licensee's licence, not later than the 10 days of the expiry of the month in respect of which the levy is payable.

(3) The Authority may impose a penalty on a licensee on the amount of the licence levy or service fee outstanding, at a rate of two per cent of the licence levy or service fee for each week during which the licence levy or service fee remains outstanding

(4) Subject to subregulation (3), the penalty imposed shall not exceed twice the amount of the licence levy or service fee in respect of which such penalty is payable.

(5) Where the Authority is satisfied that a failure by a licensee to pay the licence levy or the service fee within the period specified under subregulation (2) is not due to an intention to avoid or postpone liability for payment of the amount due, the Authority may remit in whole or in part, any penalty payable in terms of this regulation.".

Amendment of regulation 109 of the Regulations

3. The Regulations are amended by substituting for regulation 109 the following new regulation —

"Contribution to the Excessive Gambling Prevention and Rehabilitation Committee

109. A licensee shall, in addition to the levy and service fee provided in regulation 108, contribute three point five per cent of its gross gambling revenue to a programme aimed at supporting responsible gambling, monitored by the Excessive Gambling Prevention and Rehabilitation Committee.".

Amendment of schedules to the Regulations

4. The Regulations are amended —

(*a*) in Schedule 3 by substituting for Form 1 a new Form 1;

(*b*) in Schedule 4 by substituting for Form 18 a new Form 18;

(*c*) in Schedule 5 by substituting for Form 23 a new Form 23;

(*d*) in Schedule 10 by substituting for Form 40 a new Form 40;

(*e*) by substituting for Schedule 14 a new Schedule 14;

(*f*) by substituting for Schedule 15 a new Schedule 15; and

(*g*) by inserting immediately after Schedule 15, Schedule 15A.

SCHEDULE 3
FORM 1
(*regulation 3*)

APPLICATION FOR
A Gambling Establishment Licence

A Gambling Establishment Route Operator Category ☐

A Gambling Establishment Independent Site Operator Category ☐

A Gambling Establishment Site Operator Category ☐

1. Name of Applicant: .....

2. Trading name of Applicant (if the Applicant is a company): .....
.....

3. Physical Address: .....

4. Postal Address: .....

5. Telephone No.: ..... Fax: .....

E-mail Address: .....

6. Does the Applicant currently have an existing gambling establishment licence: YES/NO

If yes, indicate the locations of the existing gambling establishments:
.....

7. Please provide details of the shareholders of the Applicant (if the Applicant is a company): (*use separate sheet if necessary*)

Name of Shareholder(s):	Postal Address:	% Shares held:

8. Please provide details of the directors of the Applicant (if the Applicant is a company):

Name of Director:	Postal Address:	Telephone No.:

9. Please provide details of the Company Secretary (if the Applicant is a company):

Name of Company Secretary:	Residential Address:	Telephone No.:

10. Have any of the directors or the Company Secretary named above ever been convicted of an offence or been involved in any way with personal or company insolvency in Botswana or any other country: YES/NO

If yes, please give details of the nature of the offence, date and the sentence imposed:
.....

11. Has the Applicant, any subsidiary or associated entity of the Applicant ever been, or is currently being investigated by any law enforcement authority in Botswana or any other country: YES/NO

If yes, please give details below:

.....

.....

12. Please provide the names and addresses of the auditors of the Applicant:

Name: .....

Address: .....

.....

Telephone: ..... Email: ..... Fax: .....

(NOTE: If there has been a change in auditors during the last five years, also supply details of the previous auditors.)

13. Provide details of all bank accounts, including foreign accounts, held by the Applicant at any time during the last five years:

Bank:	Account No.:	Branch name:
.....	.....	.....
.....	.....	.....
.....	.....	.....

14. Does the Applicant have any interest, financial or otherwise, in any other company, or has the Applicant ever provided any financial assistance or other support to any other company, person, association or other body, involved in the administration or management of a gambling-related business: YES/NO

If yes, provide full details.

.....

15. Please provide a detailed description of the planned operations of the gambling establishment, with regards to the number and types of games to be utilised:

.....

.....

16. Please provide the details of the envisaged employment levels of the proposed operation:

No. of citizen employees: .....

No. of non-citizen employees: .....

17. Please provide the job classification of employees noted in (16) above:

	Citizens	Non-citizens
Non-supervisory		
Supervisory		
Middle management		
Senior management		

18. Please provide the financial details of how the proposed business is going to be funded:
.....
.....

I, ... , certify that the information supplied on this application form (*please print name clearly*)
is true and correct. I understand that failure to provide true and correct information will result in the failure of this application.

.....
Signature of Applicant

THUS SIGNED and sworn to before me this .....,day of ....., 20.....

.....
Commissioner of Oaths

DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

1. Certified copy of certificate of incorporation or certificate of registration (if the Applicant is a company);
2. Certified copies of share certificates (if the Applicant is a company);
3. Proof of directorship (certified copies) (if the Applicant is a company);
4. Title deed, lease or sublease agreement of premises to be utilised for the gambling establishment (certified copy);
5. Detailed proposal of the project with sketch plans for the proposed operation;
6. Proof of funding for the gambling establishment;
7. Copies of audited financial statements of the Applicant;
8. Information of any application by the Applicant or any of the Applicant's associates for a gambling establishment licence anywhere in the world, and the outcome of such application;
9. Certified copy of tax clearance certificate of the Applicant; and
10. Proof of shareholding.

SCHEDULE 4
FORM 18
(regulation 37)

APPLICATION FOR

A Totalisator Licence ☐

Totalisator Operator Category ☐

An Online Totalisator Category ☐

A Totalisator Site Operator Category ☐

1. Name of Applicant: .....

2. Trading name of Applicant (if the Applicant is a company): .....

3. Physical Address: .....

4. Postal Address: .....

5. Telephone No.: ..... Fax: .....

E-mail Address: .....

6. Does the applicant currently have an existing gambling establishment licence: YES/NO

If yes, indicate the locations of the existing gambling establishments:
.....

7. Please provide details of the shareholders of the Applicant (if the Applicant is a company): (*use separate sheet if necessary*)

Name of Shareholder(s):	Postal Address:	% Shares held:

8. Please provide details of the directors of the Applicant (if the Applicant is a company):

Name of Director:	Postal Address:	Telephone No.:

9. Please provide details of the Company Secretary (if the Applicant is a company):

Name of Company Secretary:	Residential Address:	Telephone No.:

10. Have any of the directors or the Company Secretary named above ever been convicted of an offence or been involved in any way with personal or company insolvency in Botswana or any other country: YES/NO

If yes, please give details of the nature of the offence, date and the sentence imposed:
.....

11. Has the Applicant, any subsidiary or associated entity of the Applicant ever been, or is currently being investigated by any law enforcement authority in Botswana or any other country: YES/NO

    If yes, please give details below:
    .....

    .....

12. Please provide the names and addresses of the auditors of the Applicant:

Name: .....

Address: .....

.....

Telephone: ..... Email: ..... Fax: .....
(***NOTE: If there has been a change in auditors during the last five years, also supply details of the previous auditors.***)

13. Provide details of all bank accounts, including foreign accounts, held by the Applicant at any time during the last five years:

Bank:	Account No.:	Branch name:
.....	.....	.....
.....	.....	.....
.....	.....	.....

14. Does the Applicant have any interest, financial or otherwise, in any other company, or has the Applicant ever provided any financial assistance or other support to any other company, person, association or other body, involved in the administration or management of a gambling-related business: YES/NO

    If yes, provide full details.
.....

15. Please provide a detailed description of the planned operations of the gambling establishment, with regards to the number and types of games to be utilised:
.....
.....

16. Please provide the details of the envisaged employment levels of the proposed operation:

No. of citizen employees:	No. of non-citizen employees:
.....	.....

17. Please provide the job classification of employees noted in (16) above:

	Citizens	Non-citizens
Non-supervisory		
Supervisory		
Middle management		
Senior management		

18. Please provide the financial details of how the proposed business is going to be funded:

.....

.....

I, ... , certify that the information supplied on this application form (***please print name clearly***) is true and correct. I understand that failure to provide true and correct information will result in the failure of this application.

.....

Signature of Applicant

THUS SIGNED and sworn to before me this .....day of ....., 20.....

.....

Commissioner of Oaths

DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION

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3. Proof of directorship (certified copies) (if the Applicant is a company);
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5. Detailed proposal of the project with sketch plans for the proposed operation;
6. Proof of funding for the gambling establishment;
7. Copies of audited financial statements of the Applicant;
8. Information of any application by the Applicant or any of the Applicant's associates for a gambling establishment licence anywhere in the world, and the outcome of such application;
9. Certified copy of tax clearance certificate of the Applicant; and
10. Proof of shareholding.

SCHEDULE 5
FORM 23

(regulation 42)
APPLICATION FOR

A Bookmaker Licence ☐

A Bookmaker Route Operator Category ☐

An Online Bookmaker Category ☐

An Independent Bookmaker Operator Category ☐

A Bookmaker Site Operator Category ☐

1. Name of Applicant: .....

2. Trading name of Applicant (if the Applicant is a company):
.....

3. Physical Address:
.....

4. Postal Address: .....

5. Telephone No.: ..... Fax: .....

E-mail Address: .....

6. Does the applicant currently have an existing gambling establishment licence: YES/NO

If yes, indicate the locations of the existing gambling establishments:
.....

7. Please provide details of the shareholders of the Applicant (if the Applicant is a company): (*use separate sheet if necessary*)

Name of Shareholder(s):	Postal Address:	% Shares held:

8. Please provide details of the directors of the Applicant (if the Applicant is a company):

Name of Director:	Postal Address:	Telephone No.:

9. Please provide details of the Company Secretary (if the Applicant is a company):

Name of Company Secretary:	Residential Address:	Telephone No.:

10. Have any of the directors or the Company Secretary named above ever been convicted of an offence or been involved in any way with personal or company insolvency in Botswana or any other country: YES/NO

If yes, please give details of the nature of the offence, date and the sentence imposed:
.....

11. Has the Applicant, any subsidiary or associated entity of the Applicant ever been, or is currently being investigated by any law enforcement authority in Botswana or any other country: YES/NO

If yes, please give details below:
.....

.....

12. Please provide the names and addresses of the auditors of the Applicant:

Name: .....

Address: .....

.....

Telephone: ..... Email: ..... Fax: .....
(***NOTE: If there has been a change in auditors during the last five years, also supply details of the previous auditors.***)

13. Provide details of all bank accounts, including foreign accounts, held by the Applicant at any time during the last five years:

Bank:	Account No.:	Branch name:
.....	.....	.....
.....	.....	.....
.....	.....	.....

14. Does the Applicant have any interest, financial or otherwise, in any other company, or has the Applicant ever provided any financial assistance or other support to any other company, person, association or other body, involved in the administration or management of a gambling-related business: YES/NO

If yes, provide full details.
.....

15. Please provide a detailed description of the planned operations of the gambling establishment, with regards to the number and types of games to be utilised:
.....
.....

16. Please provide the details of the envisaged employment levels of the proposed operation:

No. of citizen employees: .....

No. of non-citizen employees: .....

17. Please provide the job classification of employees noted in (16) above:

	Citizens	Non-citizens
Non-supervisory		
Supervisory		
Middle management		
Senior management		

18. Please provide the financial details of how the proposed business is going to be funded:

.....

.....

I, ... , certify that the information supplied on this application form (*please print name clearly*) is true and correct. I understand that failure to provide true and correct information will result in the failure of this application.

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Signature of Applicant

THUS SIGNED and sworn to before me this .....day of ....., 20.....

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Commissioner of Oaths

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4. Title deed, lease or sublease agreement of premises to be utilised for the gambling establishment (certified copy);
5. Detailed proposal of the project with sketch plans for the proposed operation;
6. Proof of funding for the gambling establishment;
7. Copies of audited financial statements of the Applicant;
8. Information of any application by the Applicant or any of the Applicant's associates for a gambling establishment licence anywhere in the world, and the outcome of such application;
9. Certified copy of tax clearance certificate of the Applicant; and
10. Proof of shareholding.

SCHEDULE 10
FORM 40
(*regulation 63*)

APPLICATION FOR REGISTRATION AS:

SUPPLIER OF GAMBLING MACHINES OR DEVICES ☐

MAINTENANCE PROVIDER OF GAMBLING MACHINES OR DEVICES ☐

OTHER SERVICE PROVIDER OF GAMBLING MACHINES OR DEVICES ☐

1. Name of Applicant: .....

2. Trading name of Applicant (if the Applicant is a company):
.....

3. Physical Address:
.....

4. Postal Address: .....

5. Telephone No.: ..... Fax: .....

E-mail Address: .....

6. Does the applicant currently have an existing gambling establishment licence: YES/NO

If yes, indicate the locations of the existing gambling establishments:
.....

7. Please provide details of the shareholders of the Applicant (if the Applicant is a company): (*use separate sheet if necessary*)

Name of Shareholder(s):	Postal Address:	% Shares held:

8. Please provide details of the directors of the Applicant (if the Applicant is a company):

Name of Director:	Postal Address:	Telephone No.:

9. Please provide details of the Company Secretary (if the Applicant is a company):

Name of Company Secretary:	Residential Address:	Telephone No.:

10. Have any of the directors or the Company Secretary named above ever been convicted of an offence or been involved in any way with personal or company insolvency in Botswana or any other country: YES/NO

If yes, please give details of the nature of the offence, date and the sentence imposed:
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11. Has the Applicant, any subsidiary or associated entity of the Applicant ever been, or is currently being investigated by any law enforcement authority in Botswana or any other country: YES/NO

If yes, please give details below:

.....

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12. Please provide the names and addresses of the auditors of the Applicant:

Name: .....

Address: .....

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Telephone: ..... Email: .....Fax: .....

(***NOTE: If there has been a change in auditors during the last five years, also supply details of the previous auditors.***)

13. Provide details of all bank accounts, including foreign accounts, held by the Applicant at any time during the last five years:

Bank:	Account No.:	Branch name:
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17. Please provide the job classification of employees noted in (16) above:

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Supervisory		
Middle management		
Senior management		

18. Please provide the financial details of how the proposed business is going to be funded:
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.....

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(*please print name clearly*)
is true and correct. I understand that failure to provide true and correct information will result in the failure of this application.

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Signature of Applicant

THUS SIGNED and sworn to before me this .....day of ....., 20.....

.....
Commissioner of Oaths

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3. Proof of directorship (certified copies) (if the Applicant is a company);
4. Title deed, lease or sublease agreement of premises to be utilised for the gambling establishment (certified copy);
5. Detailed proposal of the project with sketch plans for the proposed operation;
6. Proof of funding for the gambling establishment;
7. Copies of audited financial statements of the Applicant;
8. Information of any application by the Applicant or any of the Applicant's associates for a gambling establishment licence anywhere in the world, and the outcome of such application;
9. Certified copy of tax clearance certificate of the Applicant; and
10. Proof of shareholding.

SCHEDULE 14

FEES

(regulations 3 (1), 4 (1), 5, 6, 7 (1), 8 (2), 9 (1), 10 (1), 11, 12, 13, 14 (2), 32 (1), 33 (1), 34, 35, 36, 37 (1), 38 (1), 39, 40, 41, 42 (1), 43 (1), 44, 45, 46, 47 (1), 48 (1), 49, 50, 51, 53 (1), 54 (1), 55, 56, 57, 62 (1), 62 (3), 63, 64 (2), 86 (1), 88, 95, 96 (c), 97, 98 (2) and 99)

Type of Licence/ Registration	*Application fees*	*Annual fees*	*Renewal fees*	*Transfer fees*	*Duplicate fees*
Casino	P250 000	P100 000	P100 000	P100 000	P7 500
Bingo	P100/seat P50 000/max	P100/seat P50 000/ max	P100/seat P50 000/ max	P5 000	P5 000
Bookmaker	Bookmaker Route Operator P50 000	P25 000	P25 000	P25 000	P5 000
	Online Bookmaker P150 000	P75 000	P75 000	P75 000	P5 000
	Bookmaker Independent Site Operator P50 000	P25 000	P25 000	P25 000	P5 000
	Bookmaker Site Operator P5 000	P2 500	P2 500	P 2 500	P2 500
Betting Site	P5 000	P 5 000	P 5 000	P 1000	P 1000
Racing	Foot race P2 500/race meet	-	-	-	-
	Horse Race P3 500/race meet	-	-	-	-
	Dog Race – P750/race meet	-	-	-	-
	Cycle Race – P3000/race meet	-	-	-	-
	Motor Race P5000/ race meet	-	-	-	-
	Boat Race – P2000/ race meet	-	-	-	-
	Any other Race not specified P2500	-	-	-	-
National Lottery	P1 000 000	P1 000 000	-	-	P10 000

Lottery Machine	P10 000	P2000/ machine	P1500/ machine	P1500/ machine	P500/ machine
Private Lottery	P500/application	-	-	-	-
Gambling establishment	Gambling Establishment Route Operator P50 000	P25 000	P25 000	P25 000	P5 000
	Gambling Establishment Independent Site Operator – P20 000	P10 000	P10 000	P10 000	P5 000
	Gambling Establishment Site Operator – P5 000	P2 500	P2 500	P2 500	P2 500
Gambling machine/table game	P250	P250	P250	P250	P250
Testing Agent	Local Provider – P5 000 Foreign Provider – P25 000	P2 500 P12 500	P2 500 P12 500	P2 500 P12 500	P1 250 P6 250
Supplier	Local Provider – P5 000 Foreign Provider – P25 000	P2 500 P12 500	P2 500 P12 500	P2 500 P12 500	P1 250 P6 250
Maintenance	Local Provider – P5 000 Foreign Provider – P25 000	P2 500 P12 500	P2 500 P12 500	P2 500 P12 500	P1 000 P6 250
Other Service provider not specified	Local Provider – P5 000 Foreign Provider – P25 000	P2 500 P12 500	P2 500 P12 500	P2 500 P12 500	P1 000 P6 250
Totalisator	Totalisator Operator P50 000 Online Totalisator P150 000 Totalisator Site Operator P5 000	P25 000 P75 000 P25 000 P2 500	P25 000 P75 000 P25 000 P2 500	P25 000 P75 000 P25 000 P2 500	P5 000 P5 000 P5 000 P2 500
Employee	P500	P500	P500	P500	P500

SCHEDULE 15
LEVIES
(*reg. 108*)

Type of operation	*Rate of levy*
1.Casino	3 per cent of the monthly gross gambling revenues
2. Bingo	3 per cent of the monthly bingo gross gambling revenue
3. Gambling establishment	3 per cent of the gross gambling revenue
4. Totalisator	3 per cent of totalisator gross gambling revenue
5. Bookmaker	3 per cent of bookmakers gross gambling revenue

SCHEDULE 15A
SERVICE FEES
(*reg. 108*)

Type of service	*Rate of service fee*
1. Casino supervisory and monitoring fee	7 per cent of the monthly gross gambling revenue
2. Bingo supervisory and monitoring fee	7 per cent of the monthly bingo gross gambling revenue
3. Gambling establishment supervisory and monitoring fee	7 per cent of the gross gambling revenue
4. Totalisator supervisory and monitoring fee	7 per cent of the totalisator gross gambling revenue
5. Bookmaker supervisory and monitoring fee	7 per cent of the bookmaker gross gambling revenue

MADE this 26th day of June, 2024.

BEAUTY M. MANAKE,
Acting Minister of Trade and Industry.