

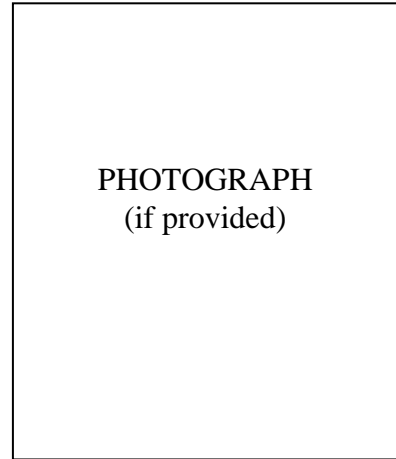
Gambling Act 2005 - Licence Conditions and Code of Practice
SELF EXCLUSION REQUEST FORM

Site Address: _____

Customer Name: _____

Customer date of birth: _____

Customer address: _____



I request that I be refused entry to the Lottery for a period of 6 months from the date of signing and acknowledge that I am not allowed to rescind my self-exclusion during this period. At the end of 6 months, this agreement may be extended for a further period of 6 months or up to 5 years. I will be contacted by telephone or in person by the Lottery Manager before being allowed to return to the Lottery and must abide by a one day cooling off period.

If I attempt to enter the Lottery during the term of this exclusion and am identified by a member of staff, I will be refused entry and any stake will be returned to me.

I acknowledge my responsibility in ensuring adherence to this agreement. I acknowledge that the Promoter, its employees or agents have no liability or claims arising from my voluntary use of the gambling facilities provided.

I have/have not* provided a photograph of myself to assist.

Signed: _____ (Customer) Date: _____

Signed: _____ (Lottery Manager) Date: _____

Details should be entered in the Self Exclusion Log, reference no: _____

Further information on problem gambling provided to customer: Yes/No*

**Delete as appropriate*