If you feel you have a problem with gambling and would like to request we exclude you from receiving gambling related marketing material, you can simply complete and submit this form.

SELF EXCLUSION REQUEST FORM					
Promoter:				_	
Customer Name:				_	PHOTOGRAPH (if provided)
Customer date of birth:				_	
Customer address:				_	
				_	
	nbling problem a			— ded immediate	ly from receiving any gambling related
1 Year □	2 Years □	3 Years □	4 Years □	5 Years □	
6 Years □	7 Years □	8 Years □	9 Years □	10 Years □	
I acknowled	ge that I will not	be allowed to i	rescind my self	-exclusion duri	ng this period.
 Following our successful completion of your self-exclusion request: Your self-exclusion period will remain in place for further 6 months, unless you take positive action to gamble again with us We will not send you any gambling related marketing materials, unless and until you specifically request us to do so You can, on request, extend your self-exclusion period for one or more periods of at least 6 months each. 					
employees	• •	no liability or cla	aims arising fro	•	t. I acknowledge that the Promoter, its use of the gambling facilities provided Date:
Signed: (Fo	Gigned: (For and on behalf of the Promoter)				Date:
FOR OFFICE USE ONLY					
Details should be entered in the Self Exclusion Log, reference no:					
Further information * Delete as approximation *		for problem gar	nbling has been	provided to the	customer Yes / No *