

Please complete in BLOCK CAPITALS and in black ink

SELF EXCLUSION REQUEST FORM

To the Manager of (*print full name of operator*):

Address of Company:

I, _____
(Full Name of person wishing to self exclude)

being resident in Jersey, hereby wish to voluntarily self exclude myself from the aforementioned licensed gambling operator with immediate effect. This voluntary self exclusion agreement exists exclusively between the operator and myself.

I understand and acknowledge the following:

1. I recognise that it is my responsibility to inform other licensed operators of my wishes.
2. That the period of self exclusion is a minimum of six months (Exclusion Period) and that I cannot retract, modify, revoke, withdraw or rescind my self exclusion prior to the expiry of the Exclusion Period.
3. I agree that _____ (name of licensee) will not be held liable for any matter whatsoever if I attempt to gamble using any details other than those listed on this document.
4. I release _____ (name of licensee), its officers and employees from any liability or claims in the event that I fail to comply with this voluntary self exclusion.

This form must be held on record for the duration of the self exclusion period and a copy given to the customer. This form is only to be accepted when signed in the presence of management.

Signature:

Date:

Name (*print*):