

Please complete in **BLOCK CAPITALS** and in black ink

## SELF EXCLUSION REQUEST FORM

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

Address of Premises:

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

of \_\_\_\_\_ hereby  
(Current Address of person wishing to self exclude)

wish to voluntarily self exclude myself from the aforementioned betting office address with immediate effect. This voluntary self exclusion agreement exists exclusively between the operator and the person.

I understand and acknowledge the following:

1. I recognise that it is my responsibility to inform other LBO premises 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 enter its premises using any other details 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 site 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)*: