

# SELF EXCLUSION REQUEST FORM

1. Please attach a passport sized photograph.
2. Please complete in **BLOCK CAPITALS** and in black ink.

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 exclusion prior to the expiry of the Exclusion Period.
3. I understand that in signing this form I am self-excluding from **ALL** of the above licensee's betting offices in Jersey.
4. 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.
5. 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*):