## **Gambling Act 2005 - Licence Conditions and Code of Practice**

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 aterial for a min			— ded immediate	ely 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 acknowledge that I will not be allowed to rescind my self-exclusion during this period.					
<ul> <li>Following our successful completion of your self-exclusion request:</li> <li>Your self-exclusion period will remain in place for further 6 months, unless you take positive action to gamble again with us</li> <li>We will not send you any gambling related marketing materials, unless and until you specifically request us to do so</li> <li>You can, on request, extend your self-exclusion period for one or more periods of at least 6 months each.</li> </ul>					
employees of Signed:	or agents have r	•	aims arising fro	•	nt. I acknowledge that the Promoter, its y use of the gambling facilities provided Date:
Signed: (For and on behalf of the Promoter)					Date:
FOR OFFICE USE ONLY					
Details should be entered in the Self Exclusion Log, reference no:					
Further inform * Delete as ap		t for problem ga	mbling has been	provided to the	customer Yes / No *