

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: COUNTESS MOUNTBATTEN HOSPICE CHARITY

Customer Name: _____

Customer date of birth: _____

Customer address: _____

PHOTOGRAPH
(if provided)

I have a gambling problem and therefore wish to be excluded immediately from receiving any gambling related marketing material for a minimum period of:

- 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.

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.

I acknowledge my responsibility to ensuring adherence to this agreement. I acknowledge that the Promoter, its employees or agents have no liability or claims arising from my voluntary use of the gambling facilities provided

Signed: _____
(Customer)

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 information on support for problem gambling has been provided to the customer Yes / No *

* Delete as appropriate