Self-Exclusion Request

(Issued under Section 310 of the Gambling Act 2003)

I, (Mr/Mrs/Miss/Ms):				
of (<u>Full Address</u>):	(First Nam	ne)	(Middle Name)	(Last Name)
Telephone - Home:			Work	
Date of Birth:				
	issue me			m, request that ne from entering this venue
for a period of				
This order will expire on	:			-
I understand that if I brea 312 of the Gambling Act				an offence against Section
Venue personnel advised encourage excluded patro problem gambling.				unsellor in the field of
Gambling Problem Helpline Salvation Army Oasis Centres Problem Gambling Foundation Pasifika Gambling Problem He	n 0800	654 655 639 1159 664 262 654 657	Asian Hotline Wai Health Pacificare Society	0800 862 342 09 839 0288 09 279 8030
I give authority to purposes of identification colour photograph and a	n during the exc	clusion perio	od. (If posting this requ	uest, please enclose a recen
I also fully acknowledge endeavours to enforce the				make all reasonable
Pursuant to the provision staff to discuss details pe at any time during the pe	ertaining to this	request with	n a problem gambling	and its counsellor consulted by yo ect.
Signed:(Self Ex	cclusion Applicar	Signed:		nue Staff Member)
OFFICE USE ONLY				
Identification:		 Date:	;	