Gambling Act 2005 - Licence Conditions and Code of Practice

If you feel you have a problem with gambling and would like to request that Ardgowan Hospice excludes you from all of its gambling related activities, including receiving gambling related marketing materials, you can simply complete this form and return it to Nicola Beattie, Ardgowan Hospice, 12 Nelson Street, Greenock PA15 1TS.

	\$	SELF EXC	CLUSION	REQUEST	FORM	
Promoter: Ardgowan Hospice						
Customer Na	me:					
Customer date of birth:				_	PHOTOGRAPH (if provided)	
Customer add	dress:			_		
				_		
•	• .		vish to be exclu narketing mater		ely from all gambling related activities, mum period of:	
1 Year □	2 Years □	3 Years □	4 Years □	5 Years □		
6 Years □	7 Years □	8 Years □	9 Years □	10 Years □		
I acknowledge	e that I will not	be allowed to	rescind my self	-exclusion duri	ing this period.	
Your s gambleWe will reques	elf-exclusion pe again with us Il not send you st us to do so	period will rema s any gambling	related market	further 6 month	ns, unless you take positive action to unless and until you specifically r more periods of at least 6 months	
•	•	•	•	•	nt. I acknowledge that the Promoter, its y use of the gambling facilities	
Signed: (Customer)					Date:	
FOR OFFICE	USE ONLY;					
Signed:					Date:	
`	and on behalf of	,				
			Log, reference			
Further informa	ation on support	for problem ga	mbling has been	provided to the	customer: Yes/No (Delete as appropriate	

Must be 16 or over to play. Underage gambling is an offence.