

# 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:** Ardgowan Hospice

**Customer Name:** \_\_\_\_\_

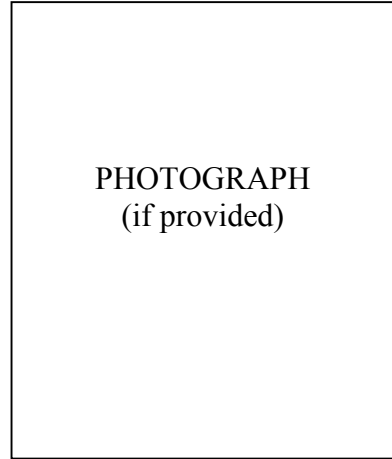
\_\_\_\_\_

**Customer date of birth:** \_\_\_\_\_

**Customer address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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