

# GAMBLING SELF EXCLUSION FORM

Charity Name:

Title:

Mr

Mrs

Ms

Miss

Other

Full Name:

Address:

Postcode:

*Please exclude me from all lottery and raffle activity with immediate effect. I understand that by submitting this form, the exclusion will remain in place until I telephone to tell you that I wish to begin gambling again. Please note that by law the self-exclusion must apply for a minimum period of 6 months.*

Signature:

Date:



Please post this form back to Customer Services at our address shown on this website.

## Counselling and Support Services

Are you gambling more than you really want to? If you or a family member feel that you are experiencing problems with gambling, you can seek advice and support from trained counsellors at GambleAware by calling the National Gambling Helpline on **0808 8020 133** or visit their website **[www.gambleaware.org](http://www.gambleaware.org)**

Software is available to prevent an individual computer from accessing gambling internet sites – please see **[www.gamblock.com](http://www.gamblock.com)** for further information.

# GambleAware

Advice | Tools | Support