



## Self Exclusion Form

Please excuse me from all lottery activity with immediate effect. I understand that by submitting this form, the exclusion will remain in place until I contact you to tell you that I wish to begin gambling again.

### PLEASE ENTER YOUR DETAILS

Name of player

Lottery number (if applicable)

*\*If you have multiple lottery accounts, please state all lottery numbers here*

Address

Postcode

Email

Phone No.

Date of Birth

Date of request

Duration of self exclusion\*

Signature of representative

Date

I acknowledge my responsibility in 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  (please tick)

Following successful completion of your self-exclusion request:

- Your lottery account will be suspended immediately
- Your chosen self-exclusion period will remain in force with the Veterans' Foundation until you contact us to begin gambling again
- The Veterans' Foundation will not send you any gambling related marketing materials, unless and until you specifically request us to do so
- Please contact the Veterans' Foundation admin team on 0333 999 3899 should you decide to extend your self-exclusion period (minimum 6 months extension).

*\*Please note that by law, the self-exclusion must apply for a minimum of six months.*