

Self-Exclusion Form

Please complete and sign this form.

I voluntarily seek to exclude myself for the term selected below. I understand that it is my responsibility to stick to this self-exclusion agreement. ARBGL will take reasonable steps to prevent you from gambling during the period agreed.

Name	
Email	
Telephone Number	
D.O.B	
Addison	
Address	
Minimum time you want self exclusion to	☐ 6 months
last?	□ 1 year
	□ 5 years
You wont be able to undo self-exclusion during	
this period	
Any additional information	
Any additional information	
	1

Signature

Support Services

Are you gambling more than you really want to? If you or a family member feels you are experiencing problems with gambling, you can seek advice and support from trained counsellors at GambleAware by calling the National Gambling Helpline on 0800 8020 133 or visit their website wwww.gambleaware.co.uk.

Software is available to prevent an individual computer from accessing gambling internet sites – please see www.gamblock.com for further information.

Please insert recent photograph showing head and shoulders of person to be excluded.