## Self-Exclusion Request Form

**This form is for individuals who wish to exclude themselves from participating in our lottery. Please complete all fields.**

### 1. Personal Details

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Postcode:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 2. Exclusion Request

I request to be **self-excluded** from participating in all lotteries and gambling services provided by:

**Havens Hospices RCN 1022119**

I understand that:

* I will not be able to participate in any of the organisation’s lottery draws, promotions, or gambling-related activities for the period of exclusion.
* My details will be retained for the duration of the exclusion to help prevent my participation.
* I must contact the organisation in writing if I wish to resume participation, and a **24-hour cooling-off period** will apply.

### 3. Length of Self-Exclusion

Self-exclusion will begin on the date this form is received. It will remain in effect until a formal request for reinstatement is submitted and approved.

For matters relating to self-exclusion please contact FRadmin@havenshospices.org.uk 01702 220305

### Office Use Only

**Received by (staff name):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date received:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Entered into self-exclusion register:** [ ] Yes

**Confirmation sent to customer:** [ ] Yes (Date: \_\_\_\_\_\_\_\_)

### 4. Signature

I confirm that I understand and agree to the terms of self-exclusion.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_