

TAB

TAB ACCOUNT ONLY SELF-EXCLUSION FORM

Mr/Mrs/Ms/Miss:

First Name

Middle Name

Surname

Account number/User Name: _____

Phone Contact:

Telephone - Home

Telephone - Work

Mobile

Date of Birth

Email Address

Identification: _____

(eg.drivers licence or passport number)

In signing this form I confirm that I understand the following :

- 1) This exclusion relates only to the operation of any TAB Account in my name.
- 2) I have not been excluded from gambling in the TAB retail stores.
- 3) This 'Account Only Exclusion' will not supercede any full exclusion which may already exist.
- 4) This exclusion will remain in force, and cannot be revoked, for the period indicated below. The period will commence on the date the TAB processes this completed form at it's Head Office.
- 5) The TAB may, at its sole discretion, renew my exclusion for any period it considers appropriate. The TAB does not guarantee re-entry will be granted.
- 6) The information collected by the TAB in processing and enforcing this exclusion will be held by the TAB in accordance with the Privacy Act 1993. I authorise the TAB to disclose personal information to a third party in connection with the processing or enforcement of this exclusion, or to particular organisations both within New Zealand and overseas for the purposes of investigating and/or detecting breaches of any relevant legislation.

Length of Exclusion and Consent

Please exclude me for a period of (months) 6 12 18 24 36 48 60 Forever (please circle your selection)

Signed (Customer)

Date

Would you like this exclusion request to be sent to a treatment provider for the purpose of a confidential follow-up and support?

Yes

No

If you tick yes, a gambling help service provider will contact you discreetly via the mobile number provided above, if only a home number is provided a gambling help service provider will discreetly contact you on that number.

Office Use Only

Signed (venue manager or properly authorised person)

Date

Print (name)

Venue/Site Name