

# TAB

Attach  
Current  
Photo

## TAB MULTI-VENUE SELF-EXCLUSION FORM

Mr/Mrs/Ms/Miss: \_\_\_\_\_  
First Name Middle Name Surname

Full Address: \_\_\_\_\_

Phone Contact: \_\_\_\_\_  
Telephone - Home 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 is a multi-venue exclusion and will therefore be forwarded to and active in all TAB venues in my local area.
- 2) Under Section 92 of the Racing Industry Act, TAB New Zealand (TAB NZ) may exclude me from betting where TAB NZ's wagering systems are operating, as well as stop me opening or using a TAB account. By signing this form I acknowledge that I have asked that I be excluded from betting with the TAB NZ, including via a TAB account and at TAB Venues and Racecourses in my local area.
- 3) In addition, where there are any TAB venues with a Venue Licence in the name of TAB NZ in my local area, then I will also be excluded from using the electronic Gaming Machines (pokies) in these stores.
- 4) I must provide a clear photo of myself to assist with the enforcement of this exclusion.
- 5) This exclusion will remain in force, and cannot be revoked, for the period indicated below. The period will commence on the date TAB NZ receives this completed form at it's Head Office.
- 6) TAB NZ may, at its sole discretion, renew my exclusion for any period it considers appropriate. TAB NZ does not guarantee re-entry will be granted.
- 7) Any breach of the exclusion may result in action being taken under the TAB betting rules, or by the NZ Police, by the Department of Internal Affairs.
- 8) The information collected by TAB NZ in processing and enforcing this exclusion will be held by TAB NZ in accordance with the Privacy Act 1993. I authorise TAB NZ 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 6 12 18 24 Months (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