

TAB

Attach
Current
Photo

MULTI-VENUE Class 4 (GAMING) 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 and details)

This exclusion is being executed under Section 310 of the Gambling Act 2003 and Section 65 of the Racing Act 2003 (where a customer chooses to self-exclude)

OR

This exclusion is being executed under Section 309 of the Gambling Act 2003 and Section 65 of the Racing Act 2003 (where a customer declines to self-exclude but the venue deems it necessary - first follow protocols as per your Harm Minimisation manual)

To be excluded from TAB NZ Pokie sites in the following geographic area/s (eg.Waitakere) : _____

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

- 1) I will be excluded from all forms of gambling at TAB Venues in the geographic area I have selected which hold a TAB NZ Class 4 Venue Licence (pokie venue). Details of these sites will be forwarded to me in my exclusion confirmation letter dispatched by the TAB NZ national office.
- 2) Where the Class 4 Venue Licence is in the name of the TAB NZ then under either Section 309 or 310 of the Gambling Act 2003 I will be excluded from using the electronic Gaming Machines (Pokies).
- 3) I must provide a clear photo of myself for the purpose of enforcing this exclusion.
- 4) This is a multi-venue exclusion, and as such it will be forwarded to all of the applicable TAB outlets in my local area.
- 5) This exclusion will remain in force, and cannot be revoked. This exclusion may be automatically renewed and TAB NZ does not guarantee re-entry will be granted.
- 6) Any breach of the exclusion may result in enforcement action being taken which could involve the imposition of fines under Section 312 of the Gambling Act 2003.
- 7) The information collected by TAB NZ in processing and enforcing this exclusion will be held by the 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?
Section 310 (self exclusion requests) only

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