

 **GamCare** CUSTOMER SELF-EXCLUSION AGREEMENT

Customer Name:

Customer Address & Post Code:

.....

I request that I be excluded from the Lottery run by Dr. Kershaw's Hospice for a period of months (*enter the required period, minimum of six months; Self-Exclusion may be for up to five years or more*) that is up to and including the/...../..... and that I am not allowed to modify, revoke, withdraw or rescind my Self-Exclusion prior to the expiry of this agreement.

At the end of this agreement I can then review this request with the Lottery Manager and either renew it for a further six months or decide that further Self-Exclusion is unnecessary. If I decide not to renew the agreement I understand that I will be required to agree to 24 hours 'cooling off' period before I can resume the lottery with Dr. Kershaw's Hospice.

I release Dr. Kershaw's Hospice and employees from any liability or claims in the event that I fail to comply with this voluntary self-exclusion.

I have/have not provided a photograph of myself to assist in the application of this request (delete as appropriate)

Attach PHOTO if provided:

Signed Customer:..... Date.....

Witnessed by Lottery Manager: Date.....

Note for customer: if you would like to talk over the reason why you have taken the step of self exclusion, you can telephone the Gamcare National Helpline 0808 8020 133 or website www.gamcare.org.uk for confidential advice. This self-exclusion form held by Dr. Kershaw's Hospice will be destroyed, at your request, if not renewing or, after expiry of the exclusion period.

Note for Lottery Manager: A copy of this document will be given to the customer and copy retained by Dr. Kershaw's Hospice.