



**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, although not less than 6 months nor more than 12 months*) 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 extend it for one or more further periods of at least 6 months each 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 0845 6000 133 or website [www.gamcare.org.uk](http://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.

Updated January 2017