

## APPLICATION FOR SELF-EXCLUSION FROM GAMBLING PREMISES

*This application must be signed before a Commissioner of Oaths, an authorised official of a casino, an official of a Provincial Licensing Authority or an official of the National Gambling Board. A copy of the page on which the applicant's photograph appears in his/her identity smart card/book/passport must accompany this application, together with one (1) postcard size photograph (head and shoulders).*

*If your request for self-exclusion is granted:*

- (a) You may be refused access to all the gambling premises listed or referred to in the request from which you seek to be excluded.
- (b) Your name cannot be removed from the list without the approval of the relevant Gambling Board/Boards (if applicable).
- (c) If indicated on the form, your request will be transmitted to other Provincial Gambling Boards in other Provinces and such transmission shall be deemed to be an application by you to be admitted to the exclusion list of such Province(s).

### **THE NATIONAL RESPONSIBLE GAMBLING PROGRAMME OFFERS:**

- (a) a toll-free helpline 24 hours a day (0800 006 008) or sms line 076 675 0710.
- (b) free consultations with a Counsellor; and
- (c) in-patient treatment.

**These services can be accessed by telephoning 0800 006 008 (toll free).**

I, \_\_\_\_\_ (FULL NAME) hereby

apply to \_\_\_\_\_ to be added to the self-exclusion list for self-exclusion from the gambling premises detailed below.

1. I further wish to have my name added to the self-exclusion lists maintained by the Provincial Gambling Boards marked below: *(if applicable)*

EASTERN CAPE GAMBLING BOARD	
FREE STATE GAMBLING & LIQUOR AUTHORITY	
GAUTENG GAMBLING BOARD	
KWA-ZULU NATAL GAMING & BETTING BOARD	
MPUMALANGA ECONOMIC REGULATOR	
NORTHERN CAPE GAMBLING BOARD	
LIMPOPO GAMBLING BOARD	
NORTH WEST GAMBLING BOARD	
WESTERN CAPE GAMBLING & RACING BOARD	

and wish that a copy of this application be forwarded to such Provinces.

YES  NO

2. I wish to be excluded from:

(a)	ALL LICENSED PREMISES	
(b)	ALL LICENSED CASINOS	
(c)	ALL LICENSED TOTALISATOR OUTLETS	
(d)	ALL LICENSED BOOKMAKER PREMISES	
(e)	ALL LICENSED BINGO HALLS	
(f)	ALL LICENSED LIMITED GAMBLING MACHINE SITES	
(g)	THE SPECIFIC PREMISES INDICATED	

3. Length of exclusion required (minimum 1 year): \_\_\_\_\_

4. In the case of 2(g) please indicate the premises from which you seek to be excluded:

(a)	
(b)	
(c)	
(d)	
(e)	
(f)	
(g)	

5. My details are as follows:

<b>FULL NAMES:</b>	
<b>DO YOU HAVE ANY OTHER NAMES OR ALIASES?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>IF YES, LIST THESE NAMES OR ALIASES:</b>	
<b>DATE OF BIRTH:</b>	
<b>IDENTITY NUMBER:</b>	
<b>ADDRESS:</b>	
<b>POSTAL CODE:</b>	
<b>TELEPHONE NO.:</b>	(HOME)
	(WORK)
	(CELL)
<b>E-MAIL ADDRESS:</b>	
<b>GENDER:</b>	M <input type="checkbox"/> F <input type="checkbox"/>
<b>HEIGHT:</b>	
<b>WEIGHT, RACE GROUP:</b>	
<b>HAIR COLOUR:</b>	
<b>EYE COLOUR:</b>	
<b>DISTINGUISHING MARKS</b>	

6. Please find herewith a colour head and shoulders photograph of myself.

**Attach Digital Photo**

Please note:

1. Your name and address must be printed on the back of the photograph.
2. Photograph must be the most recent one taken in a period not exceeding three months.
- 3. Do not paste the photograph onto this form. Please use stapler**

If required I shall also allow the \_\_\_\_\_ Gambling Board or, on its instructions, a licence holder, to photograph me in digital format for purposes only of allowing such Board/licence holder to comply with my request.

7. Waiver and Release

I hereby release and forever discharge:

- (a) the Provincial Governments of any Province to whose gambling authority this form is submitted or transmitted at my instance or request.
- (b) the Provincial Gambling Licensing Authorities to whom this form is submitted at any instance or request.
- (c) all gambling licensees from which I seek to be excluded,

and their employees and agents from any liability to me or my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for self-exclusion or my request for removal from the self-exclusion list, including its processing and enforcement, the failure of a licence holder to withhold gambling privileges from or restore gambling privileges to me, permitting me to engage in gambling activity on licensed premises whilst on the list of excluded persons and disclosure of information on the self-exclusion request or list, except for a wilfully unlawful disclosure of such information.

8. I confirm that:
- (a) the application is made voluntarily.
  - (b) I know and understand the contents of this application.
  - (c) I know and understand the effects of this application being successful.
  - (d) in making this application I am of my full sober mind and senses.
  - (e) I am primarily responsible for my exclusion from gambling premises from which I seek exclusion.
  - (f) the information I have provided above is true and correct.
  - (g) I have read, understand and agree to the waiver and release included in this application.
  - (h) The signature below authorises the Provincial Gambling Board to which this form is submitted to include my name on a list of excluded persons to be excluded from licensed premises in its jurisdiction and further transmit this request to similar authorities in other Provinces which are authorised to do likewise.
  - (i) I am aware and agree that during any period of self-exclusion I shall not collect any winnings or recover any losses from licensees from whom I have sought to be excluded.
  - (j) I am aware that any money or thing of value obtained by me from or owed to me by a licensee as a result of winnings made by me while on the self-exclusion list may be subject to forfeiture.
  - (k) should I violate the self-exclusion I may be liable to be criminally sanctioned under gambling legislation or in terms of the law relating to trespassing.
  - (l) I am aware and agree that the Gambling Boards to whom this application is submitted will in general not consider an application for upliftment until the exclusion has run for at least twelve (12) months and I have gone through the National Responsible Gambling Programmes' programme.

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**APPLICANT**

I confirm that:

- (a) I have positively confirmed the identity of the applicant utilising \_\_\_\_\_ (FILL IN).
- (b) The applicant's appearance accords with the photographs sent herewith.
- (c) The applicant has signed the above form in my presence.
- (d) When signing the application:
  - (i) the applicant appeared to do so voluntarily and without duress; and

(ii) the applicant appeared to be in his full and sober senses.

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>DESIGNATION:</b>	
<b>FULL NAMES:</b>	
<b>ADDRESS:</b>	
<b>OFFICE:</b>	

*To be completed by Commissioner of Oaths, an authorised official of a casino, an official of a Provincial Licensing Authority or an official of the National Gambling Board.*