

## SELF-EXCLUSION FORM

Applicant name:	
Applicant username:	
Bookmaker:	
Applicant email address:	
Applicant phone number(s):	
Exclusion period: (Circle either Temporary or Permanent. If Temporary, please indicate period of self-exclusion.)	Temporary: _____ months  Permanent

I apply to be excluded from betting with the bookmaker. In applying to be excluded, I acknowledge and accept the following:

1. I agree not to attempt to place a bet with the bookmaker during the exclusion period, which commences 3 days from today.
2. I understand that I may be prevented from accessing my account for the exclusion period, and authorize the bookmaker to do this. I also authorise the bookmaker to exclude me across any of its brands.
3. I understand that my personal details may be recorded in a Responsible Gambling register.
4. I understand that I will not be allowed to use my account and my account may be closed after settlement of pending bets.
5. I understand that my exclusion is voluntary and does not place any obligation, duty or responsibility on any person other than me and I further understand that this exclusion in no way binds the bookmaker, except to the extent required by law.
6. I agree to release the bookmaker (and all of its officers, employees, agents and contractors) from all actions, suits, demands which I or anyone on my behalf, could bring against the bookmaker in respect of any act or omission relating to this form or my exclusion.
7. I had the right to seek independent legal or other advice prior to signing this form.

Signature:	
Date:	
Witness signature:	
Name and contact number of witness:	

Please return completed form by either:

- Email: [support@ladbrokes.com.au](mailto:support@ladbrokes.com.au)
- Post: Ladbrokes Australia, PO Box 1157, Lutwyche QLD 4030