

Self-exclusion form				
Applicant details				
Brand:	Ladbrokes / Bookmaker / Betstar			
Applicant (insert name):				
Applicant username:				
Contact number (office):		Contact number (home):		
Contact number (mobile):				
Exclusion period:		Months		Years/Permanent
Self-exclusion notice				
<p>I apply to be excluded from betting with Ladbrokes and its affiliate brands.</p> <p>In making this Self-Exclusion Notice, I acknowledge and accept the following:</p> <ol style="list-style-type: none"> 1. I agree not to attempt to place a bet with Ladbrokes and its affiliate brands for the Exclusion Period. 2. If I have any contact with Ladbrokes or its affiliate brands whatsoever (regardless of who initiates the contact), I will immediately advise the staff member that I am self-excluded. 3. I understand that Ladbrokes may remove my access from, or prevent me from accessing, my account. 4. I understand that my personal details and the details of the exclusion will be placed on the Responsible Gambling Incident Register held by Ladbrokes. 5. I understand that Ladbrokes will not allow me or anyone else to use any account I have with Ladbrokes and its affiliate brands for the Exclusion Period and I authorise Ladbrokes to close any current account (after settlement of any outstanding bets). 6. I understand that my exclusion from Ladbrokes and its affiliate brands is voluntary and does not place any obligation, duty or responsibility on any other person or body other than me and I further understand that this Notice is not a contract and it in no way binds Ladbrokes, save to the extent required by law. I understand that the ultimate responsibility to abstain from wagering rests with me. 7. In the event that I attempt to place a bet with Ladbrokes and/or its affiliate brands during the Exclusion Period, I understand that Ladbrokes will not be obliged to pay any winnings which might otherwise have been payable or reimburse me for any loss incurred. 8. I agree to release, and covenant not to sue Ladbrokes or its servants, agents or contractors ("the released persons") from all actions, suits, claims, demands whatsoever, which but for this Notice, I could now or hereafter assert, bring or make, or by anyone on my behalf, arising from any damage or injury or otherwise caused directly or indirectly as a result of any act, default, or omission of the released persons in relation to the matters contained in this Notice or my exclusion. 9. I acknowledge that I had the right to seek independent legal or other professional advice before signing this form, or seek the assistance of a gambling financial counsellor by calling 1800 858 858 or visiting gamblinghelponline.org.au. 				

Self-exclusion form					
Signatures					
Signature:				Date:	
Signature of Witness:					
Name and address of witness:					
Contact numbers: office		Mob:		Home:	

Please return completed form by either:

- Email: support@ladbrokes.com.au
- Post: Ladbrokes Australia, PO Box 1157, Lutwyche QLD 4030