

## SELF EXCLUSION APPLICATION from participating in Wagering activities

(for Agencies and Licensed venues operated by Tabcorp\* in Victoria and New South Wales only)

*\*A reference to Tabcorp in this application means Tabcorp Holdings Limited ABN 66 063 780 709*

My full name is .....[insert full name] and I am currently residing at ..... [insert address]. State.....[insert state] Postcode.....[insert postcode]. My date of birth is .....[insert date of birth dd/mm/yyyy].  
Contact telephone number(s) is/are:  
Home number: (...). Mobile Number:.....  
Email address: .....

I wish to voluntarily exclude myself from participating in any forms of wagering at the Outlets (Agencies & Licensed Venues) listed in the schedule of this application for a period of:

6 months /  12 months /  18 months /  24 months /  \*Indefinite

**\*Note:** The minimum “Indefinite” exclusion period is two years. If you select “Indefinite” you cannot revoke your exclusion application before the two year minimum period has expired.

I understand that by signing this document, the following occurs:

1. I will consider myself as a self excluded person from the outlets listed in the Schedule of this application during the Exclusion Period that I have nominated above.
2. I will use my best endeavours to refrain from placing a wager at the nominated outlets during the period and will not hold Tabcorp liable in any way for my ability to enter an outlet or venue and place a bet or wager.
3. I will seek and continue to seek the assistance and advice of a qualified and recognised gambling counsellor.
4. I understand that the Exclusion program is a minimum of six months up to an indefinite period; and commences from the date I receive formal written notification regarding my self excluded status from Tabcorp.
5. If I have a betting account with Tabcorp I authorise Tabcorp to close my account and forward to me the balance of monies standing in the account.

For the purposes of the above, my betting account details are:

**Name on Account:**..... **Account Number:**.....

6. I understand that TAB is not liable to me in any way, including for any and all claims related to losing bets, if I enter an outlet or venue from which I have self excluded and the management and staff at that outlet or venue fails to identify me as self excluded and I am able to place bets at that outlet or venue.

7. I understand that TAB is not liable in any way, including for any and all claims related to losing bets, for a failure by TAB to suspend or terminate accounts due to human or system processing errors and as a result I am able to access those accounts and place bets.
8. I understand that as well as being excluded from entering outlet or venue, this application also excludes me from operating self service terminals located in an outlet or venue and I understand that TAB is not liable in any way, including for any and all claims related to losing bets, if outlet or venue staff fail to identify me as a self excluded patron and I am able to place bets at a self service terminal.
9. I understand that I will not be sent marketing information from the TAB during the exclusion period.
10. I understand that this application applies to TAB Agencies and Licensed Venues located in Victoria and New South Wales.
11. I understand that I can only be excluded from a maximum number of fifteen (15) Agencies and Licensed Venues during the exclusion period.
12. I understand that if I have nominated to be self excluded from a Licensed Venue with TAB facilities that I will not enter the venue at any time, unless I notify the management of that venue of my status as a self excluded patron of TAB facilities and that I wish to enter the venue for other purposes, such as to make use of the drinking or eating facilities. I acknowledge and accept that it is a decision of the management as to whether or not I can enter the venue for those other purposes and that TAB is not liable in any way if I enter a venue for other purposes agreed with the management of the venue and I access TAB facilities.
13. I understand that if I wish to revoke this application before the exclusion period ends, then I must complete the appropriate self exclusion revocation form and provide evidence that I have consulted with a gambling counselling service.
14. If I enter a Tabcorp outlet or venue from which I am excluded during the exclusion period, I undertake to identify myself to the Agent or to a staff member of the Agent and advise them that I am a participant in the self exclusion program.
15. I understand that Tabcorp and/or outlet or venue staff may undertake action to assist me in abiding by my self excluded status even to the extent of refusing entry to an outlet or venue or requesting me to leave an outlet or venue listed in the Schedule.
16. I understand that in supplying personal information to Tabcorp that it will observe the Privacy laws in handling this information.
17. I consent to the transfer and disclosure by Tabcorp of any information about me, including sensitive information, to of from betting organisations in any jurisdiction within of outside Australia for the purpose of Tabcorp and/or the other betting organisation conducting self-exclusion programs and other gambling management programs.

18. At the end of the exclusion period Tabcorp will automatically extend my application unless I notify Tabcorp that I wish to revoke my self exclusion status.

19. I confirm that I have been advised by Tabcorp to seek independent legal advice on the implications of signing this application and I state that I *have obtained legal advice* or *I have waived my right to obtain legal advice* [circle either option]. Where legal advice has been obtained please indicate who provided this advice here:

Name of legal provider: .....

Address: .....

20. I confirm that the photo I have attached is a current photo of me taken within the last three (3) months of the date of this application.

21. I release and indemnify Tabcorp from and against all claims, liabilities, losses, damages, costs, fines, penalties, causes of action and expenses including legal costs on a full indemnity basis which Tabcorp may incur, suffer or be required to pay by reason of my breach of this exclusion application or by reason of my gambling before or after the signing of this exclusion application.

22. I understand that this application will take effect up to 10 business days from the date Tabcorp receives the application. Tabcorp is not liable in any way for my actions during that period of time.

23. I understand that If I do not provide the requested information in full, Tabcorp may not be able to process your application

Signed .....

Print Name .....

Date .....

Witness Signature .....

Witness (Print Name) .....

