SELF-EXCLUSION REQUEST

1. Personal Information

- Copy of requester's ID to be attached.
- In terms of the National Gambling Act, 2004 and applicable Provincial Gambling Regulations.

Full Name	
ID / Passport number	
Primary contact number	
Email address	
Residential address	

2. Self-Exclusion Details

- I request to be excluded from:

All betting activities at this bookmaker	
Online betting account (username/email)	
Effective date	

3. Declaration by the client

I, the undersigned, acknowledge and understand that:

1. This request is made in terms of Section 15 of the National Gambling Act, 2004, and relevant provincial gambling regulations.
2. This exclusion applies only to the bookmaker listed above and its affiliated outlets/platforms.
3. During the exclusion period, I will not be permitted to participate in any betting activities with this bookmaker.
4. The bookmaker will record and maintain my exclusion in compliance with the National Gambling Act, provincial board directives, and FIC Act obligations.
5. I understand that any attempt to circumvent this exclusion will not create liability for the bookmaker.
6. My details may be shared internally, and with the relevant Provincial Gambling Board if required, to enforce this exclusion.

Reopening of Account:

1. A request to reopen my account may only be made after a minimum of six months have passed.
2. Attended counselling with the SARGF or HPCSA registered therapist and provide signed letter.
3. I must submit a written application to the bookmaker.

Authorised Signatory Name	Signature	Date

4. Exclusion Processing (Company Use Only)

Exclusion captured on betting system	
Client account(s) suspended/closed	
Notification sent to client confirming exclusion	
Reported to Provincial Gambling Board (if required)	

5. Self-Exclusion Processed By (Company Use Only)

Role	Name	Signature	Date

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