

# Application to Revoke Self-Exclusion from Gambling

## Applicant Details (\*Indicates Compulsory Field)

First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Middle Name	<input type="text"/>	Date of Birth*	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Email Address	<input type="text"/>	Telephone Number	<input type="text"/>
Also known as	<input type="text"/>	Other Contact	<input type="text"/>
Address Line 1*	<input type="text"/>	Address Line 2	<input type="text"/>
Town/Suburb*	<input type="text"/>	State*	<input type="text"/>
Postcode*	<input type="text"/>		

I request that the Deed of self-exclusion I entered into on ...../...../..... (date) be revoked. I no longer wish to be self-excluded from the gambling venues I nominated in that Deed.

I understand that there will be a minimum period of seven (7) days before my self-exclusion ceases to have effect. During this seven (7) day period the Commission will endeavour to contact me to confirm my intention to end this self-exclusion

I understand that after my self-exclusion is revoked each gambling venue I was self-excluded from may seek to determine whether my gambling poses a serious threat to my welfare or the welfare of my dependants before allowing me to return to their venue.

Preferred method to be contacted by the Commission\* ☐ Letter ☐ Telephone ☐ Email ☐ Other

Signature of Applicant: ..... Date: ...../...../.....

Location / Venue that this application was received: .....

Name of person who received this application: .....

Signature of person who received application: ..... Date: ...../...../.....