

Notice of exclusion from Gambling by Licensee

Details of the Excluded Person (*Indicates Compulsory Field, if the information is not known enter 'unknown')

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="/"/>
Also known as	<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"/>		

Details of the Gambling Venue

Venue Name*	<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"/>

Pursuant to Schedule 1, Section 1.14 of the *Gambling and Racing Control (Code of Practice) Regulation 2002* I have excluded the abovementioned person from the identified Gambling Venue as of the date of this notice for a period of days months years.

This exclusion has been made by me in consideration of the following matters:

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As a result of this exclusion the Excluded Person will not be permitted to enter or remain in the Gambling Venue during the period indicated. If the Excluded Person has an account with the Gambling Venue the account will be closed and the balance returned to the Excluded Person.

For the duration of this exclusion the Excluded Person is ineligible to claim any prizes or winnings from the Gambling Venue.

The Excluded Person may request that the Gambling Venue reconsider the decision to exclude them. If the Excluded Person is not satisfied with the review of the decision by the Gambling Venue the Excluded Person may request that the ACT Gambling and Racing Commission review the Gambling Venue Licensee's decision to exclude them. This request should be forwarded to the ACT Gambling and Racing Commission PO Box 214 CIVIC SQUARE ACT 2608 and describe in detail the reasons the review is being requested.

Name of Authorised Representative of Gambling Venue / Licensee:.....

Signature of Authorised Representative of Gambling Venue / Licensee:

Date:...../...../.....