Attach
Current
Photo

MULTI-VENUE SELF- EXCLUSION FORM

Mr/Mrs/Ms/Miss: _____ _____ _____
First Name **Middle Name** **Surname**

Full Address: _____

Phone Contact: _____ _____
Telephone - Home **Mobile**

_____ _____
Date of Birth **email address**

Identification: _____ (eg.drivers licence or passport number and details)

In signing this form I confirm that I understand the following :

1) Entain New Zealand Limited (Entain NZ) is a delegate of TAB NZ, a body corporate established under the Racing Industry Act 2020. Entain NZ conducts wagering and gaming services on behalf of TAB NZ.

2) This is a multi-venue exclusion and will therefore be forwarded and active in all TAB venues in my local area.

3) Under Section 92 of the Racing Industry Act, Entain NZ (as delegate for TAB NZ) may exclude me from betting where TAB NZ's wagering systems are operating, as well as stop me opening or using a TAB account. By signing this form I acknowledge that I have asked that I be excluded from betting with TAB and all Entain NZ's brands, including via all online accounts, TAB Venues and Racecourses in my local area.

4) In addition, where there are TAB venues with a Venue Licence in the name of TAB NZ in my local area, then I will also be excluded from using the electronic Gaming Machines (pokies) in these stores.

5) I must provide a clear photo of myself for the purpose of enforcing the exclusion.

6) This exclusion will remain in force, and cannot be revoked, for the period indicated below. The period will commence on the date Entain NZ receives this completed form at its Head Office.

7) Entain NZ may, at its sole discretion, renew my exclusion for any period it considers appropriate. Entain NZ does not guarantee re-entry will be granted.

8) Any breach of the exclusion may result in action being taken under the TAB Betting Rules, the NZ Police or by the Department of Internal Affairs.

8) The information collected by Entain NZ in processing and enforcing this exclusion will be held by Entain NZ in accordance with the Privacy Act 2020. I authorise Entain NZ to disclose personal information to a third party in connection with the processing or enforcement of this exclusion, or to particular organisations both within New Zealand and overseas for the purposes of investigating and/or detecting breaches of any relevant legislation.

Length of Exclusion and Consent

Please exclude me for a period of 6 12 18 24 Months (please circle your selection)

_____ _____
Signed (Customer) Date

Would you like this exclusion request to be sent to a treatment provider for the purpose of a confidential follow-up and support?
Section 310 (self exclusion requests) only

☐ Yes

☐ No

If you tick yes, a gambling help service provider will contact you discreetly via the mobile number provided above, if only a home number is provided a gambling help service provider will discreetly contact you on that number.

Office Use Only

_____ _____
Signed (venue manager or properly authorised person) Date

_____ _____
Print (name) Venue/Site Name

This exlcusion request must be returned to saferbetting@tab.co.nz and will become active from the date that it has been received and processed.