

## North west Air Ambulance Charity Self-Exclusion Form

Please exclude me from your lottery with immediate effect and do not make direct contact with me during my exclusion period.

You will be excluded for a minimum of 6 months from the date of the form unless you stipulate a longer specified time period.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_ Contact number: \_\_\_\_\_

Lottery number/s: \_\_\_\_\_

I understand that I will be suspended from all lottery activity until a formal application to restart gambling has been made  (Please tick)

I confirm that I have read and understood the self-exclusion information and the consequences of self-excluding  (Please tick)

Length of self-exclusion period: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: