

## Ashgate Lottery Self-Exclusion Request Form

URN number:

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

Customer Name: .....

Customer Address: .....

.....

Postcode: .....

Contact Telephone Number: .....

I wish to be excluded from the Ashgate Lottery for a period of ..... months (minimum period of 6 months) beginning immediately. I understand that i cannot modify or withdraw my self-exclusion until the agreed period has elapsed. I also understand that I am not eligible to enter any Ashgate Hospicecare bumper draws during this period and will not be sent any promotional literature.

At the end of the agreement I understand that I can contact the Lottery Manager to review this request and either renew it for a further period or terminate the self-exclusion request. If I decide not to renew the request I understand that I will be required to agree to a 24 hour 'cooling off' period before I can re-enter the Ashgate Lottery.

I understand that Ashgate Hospicecare will take all reasonable measures to support this exclusion but the responsibility remains with me to comply with this agreement.

Signed: ..... Date: .....

Witnessed by:

Signed: ..... Date: .....

Note for customer: If you would like help with regards to problem gambling, you can contact BeGambleAware on 0808 8020 133 for confidential advice, or visit their website at [www.begambleaware.org](http://www.begambleaware.org)