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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sports Bookmaker(s)/Betting Exchange Operator(s) licensed in the Northern Territory | | | | | | | | | | | | | | | | | | | |
| **To self-exclude from all sports bookmakers or betting exchange operators nationally, go to** [**Betstop.gov.au**](https://www.betstop.gov.au/) | | | | | | | | | | | | | | | | | | | |
| **Are you currently registered with Betstop?** Yes / No | | | | | | | | | | | | | | | | | | | |
| Fields marked with asterisk (\*) are mandatory. | | | | | | | | | | | | | | | | | | | |
| Nominate the operators you are seeking to exclude from | | | | | | | | | | | | | | | | | | | |
| All Sports Bookmakers\* | | | | | Yes / No | | | | If no, please specify the operators below\* | | | | | | | | | | |
| All Betting Exchange Operators\* | | | | | Yes / No | | | | If no, please specify the operators below\* | | | | | | | | | | |
| Trading names\* (only mandatory to complete if person does not want to exclude from “all” Sports Bookmaker(s) /Betting Exchange Operator(s) licensed in the NT). | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Personal Details of person seeking exclusion | | | | | | | | | | | | | | | | | | | |
| Full name\* (middle name included) | | | |  | | | | | | | | | | | | | | | |
| Aliases\* (also known as) | | | |  | | | | | | | | | | | | | | | |
| Date of birth\* | | | |  | | | | | | **Gender** | | | | |  | | | | |
| Email address\* | | | |  | | | | | | | | | | | | | | | |
| Home address\* | | | |  | | | | | | | | | | | | | | | |
| Postal address | | | |  | | | | | | | | | | | | | | | |
| Mobile number\* | | | |  | | | | | | **Home number**\* | | | | |  | | | | |
| Exclusion Period | | | | | | | | | | | | | | | | | | | |
| How long do you wish to be excluded for?\* | | | | **Permanent** | | Yes / No | | | | | Years | | |  | | Months | | |  |
| Photo identification | | | | | | | | | | | | | | | | | | | |
| Select your proof of identity. A copy **must** be lodged with this application.\* | | | | | | | | | | | | | | | | | | | |
| Passport | Yes / No | | | **Driver’s licence** | | | | Yes / No | | | | | | **Evidence of age** | | | | Yes / No | |
| Counselling, information and support | | | | | | | | | | | | | | | | | | | |
| Free and confidential support and counselling services are available 24 hours a day, 7 days a week by calling the Gambling Helpline on 1800 858 858 or visiting their website: [www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au)  There are a wide range of resources available for anyone affected by gambling across Australia. These services are open to people with a gambling addiction, as well as their friends and families.  Each state and territory has a range of counselling services which may help with addictions, relationships and financial counselling for people with gambling-related problems and their families.  To find out where your closest service is located, call the Gambling Helpline or visit their website for a referral to a friendly and non-judgemental professional. The Gambling Helpline can organise an interpreter for you. | | | | | | | | | | | | | | | | | | | |
| Statement | | | | | | | | | | | | | | | | | | | |
| I wish to be excluded from wagering with the nominated Sports Bookmaker(s)/Betting Exchange Operator(s) licensed in the NT, in accordance with the NT Code of Practice for Responsible Service Online Gambling 2019.  In completing and lodging this Self-exclusion Notice with the Northern Territory Racing and Wagering Commission (Commission), I understand and agree that:   1. During the Exclusion Period:    1. I will not wager or attempt to wager with the nominated Sports Bookmaker(s)/Betting Exchange Operator(s), including via websites, mobile apps and telephone wagering; and    2. The nominated Sports Bookmaker(s)/Betting Exchange Operator(s) may restrict my ability to access my account(s) and their websites, mobile apps and telephone wagering facilities. 2. Where I have sought a permanent exclusion, the nominated Sports Bookmaker(s)/ Betting Exchange Operator(s) may also close my account(s). 3. The Personal Details and other personal information contained in this form are collected by Licensing NT on behalf of the Commission for the purpose of fulfilling its functions under the *Racing and Wagering Act 2024* . 4. I consent to this Notice (including my Personal Details and the Exclusion Period) being provided to the nominated Sports Bookmaker(s)/Betting Exchange Operator(s) licensed in the Northern Territory, where it may be placed on the Responsible Gambling Incident Register(s) held by those Sports Bookmaker(s)/Betting Exchange Operator(s). 5. Where I have applied to be excluded from all Sports Bookmaker(s)/Betting Exchange Operator(s) licensed in the Northern Territory, the Commission or Licensing NT will endeavour to provide this Notice to any new Sports Bookmaker(s)/Betting Exchange Operator(s) which become licensed after lodgement of this form. 6. It is not the role of the Commission or Licensing NT to exclude individuals from gambling, and it is not the responsibility of the Commission or Licensing NT to exclude me from gambling. 7. My exclusion from using the gambling products and services of the nominated Sports Bookmaker(s)/Betting Exchange Operator(s) is voluntary, and the onus is on me to abide by the exclusions I have specified in this Notice. 8. I have the right to seek independent legal or other professional advice before signing and lodging this Notice. | | | | | | | | | | | | | | | | | | | |
| Declaration | | | | | | | | | | | | | | | | | | | |
| **By signing below, you agree to have read and understood the Statement above.** | | | | | | | | | | | | | | | | | | | |
| Your signature\* | | |  | | | | | | | | | **Date**\* | | | | |  | | |
| Witness details and signature | | | | | | | | | | | | | | | | | | | |
| Witness full name\* | |  | | | | | | | | | | | | | | | | | |
| Contact number\* | |  | | | | | **Contact address**\* | | | | | |  | | | | | | |
| Witness signature\* | |  | | | | | | | | | | **Date**\* | | | | |  | | |
| Disclaimer | | | | | | | | | | | | | | | | | | | |
| Whilst all care will be taken by the Commission and Licensing NT in processing this Notice and providing it to nominated Sports Bookmaker(s)/Betting Exchange Operator(s), no responsibility is accepted by the Commission, Licensing NT or the Northern Territory Government for any acts or omissions with respect to this Notice or for any losses occasioned to any person as a result of reliance on this Notice. | | | | | | | | | | | | | | | | | | | |
| Further information Email your completed form and photo identification to [LicensingNTSportsBookmakers.DTH@nt.gov.au](mailto:LicensingNTSportsBookmakers.DTH@nt.gov.au).  Level 3 NAB House, 71 Smith Street, Darwin NT 0800 **Web:** <https://nt.gov.au/industry>  GPO Box 1154, Darwin NT 0801 **Phone:** 08 8999 1800 **Fax:** 08 8999 1888 | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | |

mailto: