

Self-Exclusion Form

Customer Service: 1800 990 907

Δre	re you a current Sportsbet customer?	Please circle	Yes	No	
	·	icase circle	103	110	
Use	sername	Acco	unt Number		
Full	III Name	Date	of Birth (DD/	MM/YYYY)	
Res	esidential Address				
Em	mail Address				
Mok	obile/Landline Phone Number				
	to be permanently excluded from Sportsbet's telephone and online was ry Code of Practice for Responsible Gambling.	gering in accordance v	with Responsible G	ambling Principle 4 of the Northern	
subm	mitting this application, I acknowledge and agree to the following:				
1.	The self-exclusion was triggered on my account when I contacted Sportsbet with concerns about my gambling.				
2.	I will not attempt to make a telephone or online wager with Sportsbet.com.au at any time in the future				
3.	, , , ,	_			
4.	, , ,	-	-		
5.					
6.	, , ,	oluntary and does not	place any obligation	on, duty or responsibility on any other	
	person or body other than me				
7.	·	_			
	demands whatsoever, which but for this Notice, I could now or herea	_			
	damage or injury or otherwise caused directly or indirectly as a resul	t of any act, default, o	r omission of the re	eleased persons in relation to the	
_	matters contained in this Notice				
8.				sbet's services, then Sportsbet is not	
9.	liable should I open an account using different personal information I acknowledge that my self-exclusion is not actioned until receipt has	-		or phone contact	
	That I had the right to seek independent legal or other professional advice before signing				
	e sign where indicated and return the signed and completed form t		g@sportsbet.com.a	a <u>u</u>	
Signa	nature:		Date:		