



## APPLICATION FOR EXCLUSION FROM GAMBLING AREAS IN TERMS OF REGULATION 29(2)(e) AND (f) OF THE GAUTENG GAMBLING REGULATIONS

*This application form may not be altered and must be signed before a Commissioner of Oaths, an authorised employee or agent of a Licensee or an official of the Gauteng Gambling Board. A clear and legible copy of the page on which the applicant's photograph appears in his/her identity book/passport used for this application must accompany this application, together with one (1) photograph (head and shoulders) of at least postcard size.*

***If your request for exclusion is granted -***

- (a) your name will be placed on the list of excluded persons maintained by the Gauteng Gambling Board ("the list");
- (b) you may be refused access to all the gambling areas within the Gauteng Province that are listed or referred to in the application from which you seek to be excluded; and
- (c) a request for consideration to the Gauteng Gambling Board for the upliftment of the exclusion by the Board will not be accepted within six (6) months from the date of being placed on the list, and in the absence of counselling and/or treatment, and proof thereof, from the South African Responsible Gambling Foundation ("SARGF"), or a psychologist or a psychiatrist that is registered with the Health Professions Council of South Africa.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
**WINNERS KNOW  
WHEN TO STOP**  
\_\_\_\_\_

**A GAMBLING PROBLEM HURTS**  
Call our toll free counselling line  
0800 006 008  
or SMS 076 675 0710



I, \_\_\_\_\_ (**FULL NAMES**) hereby apply to the Gauteng Gambling Board ("the Board") to be excluded from the gambling areas of the Licensees of the Board selected below:

(a)	ALL LICENSEES	
(b)	ALL LICENSED CASINOS	
(c)	ALL LICENSED TOTALISATOR OUTLETS	
(d)	ALL LICENSED BOOKMAKER PREMISES	
(e)	ALL LICENSED BINGO HALLS	
(f)	ALL LICENSED LIMITED GAMBLING MACHINE SITES	
(g)	THE SPECIFIC GAMBLING AREA(S) INDICATED BELOW	

In the case of (g) above, please indicate the specified gambling area(s) from which you seek to be excluded:

(a)	
(b)	
(c)	
(d)	
(e)	
(f)	
(g)	
(h)	
(i)	
(j)	
(k)	
(l)	

*Use an additional page if necessary*

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1. My details are as follows:

FULL NAMES:			
SURNAME			
DO YOU HAVE ANY OTHER NAMES OR ALIASES?	YES	NO	
IF YES, LIST THESE NAMES OR ALIASES:			
DATE OF BIRTH:			
IDENTIFICATION NUMBER:			
ADDRESS:			
POSTAL CODE:			
TELEPHONE NO.:	(HOME)		
	(WORK)		
	(CELL)		
E-MAIL ADDRESS:			
GENDER:	Male	Female	
	<input type="checkbox"/>	<input type="checkbox"/>	

Initials \_\_\_\_\_

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HEIGHT:	
WEIGHT:	
HAIR COLOUR:	
EYE COLOUR:	
DISTINGUISHING MARKS	

**HEAD AND SHOULDERS**

*(Staple photograph here)*

2. Please find herewith a colour head and shoulders photograph of myself.

If required I shall also allow the Gauteng Gambling Board or an authorised a licence holder, to photograph me in digital format for purposes only of allowing the Board or such licence holder to comply with my application

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### 3. Waiver and Release

a) I hereby release and forever discharge:

- (i) the Gauteng Gambling Board to whom this form is submitted;
- (ii) all gambling licensees from whom I seek to be excluded, and their directors, employees and agents from any liability to me or my heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this request for exclusion or my request for removal from the exclusion list, including its processing and enforcement, the failure of a licence holder to withhold gambling privileges from or restore gambling privileges to me, permitting me to engage in gambling activity within gambling areas, and entering and or remaining within gambling areas, whilst on the list of excluded persons and disclosure of information on the exclusion application or list, except for a wilfully unlawful disclosure of such information.

b) I confirm that I wish to be excluded from the gambling area(s) specified herein by filing this application with the Board.

c) I understand that the Board recommends that I seek free counselling and/or treatment as soon as possible from the South African Responsible Gambling Foundation ("SARGF"), or a psychologist or a psychiatrist that is registered with the Health Professions Council of South Africa, which counselling and/or treatment, and proof thereof, is required should I wish to apply to uplift this self-exclusion in the form and manner determined by the Board.

d) I understand that I am a problem gambler and that I am assuming the responsibility of refraining from visiting gambling area(s) of the gambling premises specified in the form and from participating in any gambling activities at these premises.

e) Furthermore, I understand that if I visit the specified gambling area(s) after being placed on the list and I am discovered, that I will be removed from such area or evicted where necessary. I acknowledge that my presence within the specified gambling areas constitutes trespassing and that the casino may implement criminal charges against me for such conduct.

f) **I also understand that, by being placed on the list, a further consequence is that I will not be eligible to place a legal wager, and will be denied winnings accrued or prizes won at a gambling game and any such winnings or prizes will be subject to forfeiture.**

g) I also understand that, by being placed on the list, a further consequence is that I will not be entitled to any losses incurred whilst being excluded and included on the list.

\_\_\_\_\_  
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- h) I also give consent for the further processing and/or releasing of my personal information contained in this application to relevant third parties in order to give effect to my application. In addition, I also consent to the Board and relevant gambling establishments retaining my personal information for any period it deems fit for historical, statistical and research purposes.
- i) I authorise the above gambling establishments, its employees or agents to deny me access to the specified gambling areas and from precluding me from participating in any club memberships and promotional competitions at their establishments, which promote gambling or where any prize of a promotional competition is of a gambling nature.
- j) Furthermore, by being placed on the list, I accept that any entries made into affected promotional competitions prior to being placed on the list will become null and void without any compensation. I also accept that I will be denied any club membership benefits I may have been entitled to at the specified gambling establishments without compensation.
- k) Whilst I request that the specified gambling establishments take all reasonable steps to give effect to my self-exclusion, **I accept that the final and sole responsibility to refrain from gambling or accessing gambling areas is my own.**
- l) I accept that whilst the specified gambling establishments will take reasonable steps to remove me from their marketing mailing lists, I may receive marketing mail or collateral which may have been processed prior to being placed on the list. In such cases, and where errant mails are received, I take full responsibility to notify the gambling establishments concerned thereof as soon as possible. Furthermore, I accept that the specified gambling establishments will not honour any offers or benefits made to me prior to being placed on the list.
- m) I am also aware that the SARGF or its agents or employees may contact me from time to time to conduct research to evaluate the voluntary exclusion programme and determine appropriate methods of addressing exclusions and or problem gambling issues.

I also understand and accept, that this exclusion will become effective not later than 7 (seven) days after the Board has notified all affected Licensees of my name being placed on the list.

\_\_\_\_\_  
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4. I confirm that -

- (a) the application is made voluntarily;
- (b) I know and understand the contents of this application;
- (c) I know and understand the implications of being placed on the list;
- (d) in making this application I am of my full sober mind and senses;
- (e) I am primarily responsible for my exclusion from the gambling areas from which I seek exclusion;
- (f) the information I have provided above is true and correct;
- (g) I have read, understand and agree to the waiver and release included in this application;
- (h) the signature below authorises the Gauteng Gambling Board to which this form is submitted to include my name on a list of excluded persons maintained by it to be excluded from gambling areas within its jurisdiction as specified herein; and
- (i) I have received a signed copy of this application form.

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
APPLICANT

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I confirm that -

- (a) I have positively confirmed the identity of the applicant;
- (b) the applicant's appearance accords with the photographs sent herewith;
- (c) the applicant has signed this application form in my presence; and
- (d) when signing this application form -
  - (i) the applicant appeared to do so voluntarily and without duress; and
  - (ii) the applicant appeared to be in his full and sober senses.

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_

DESIGNATION	
FULL NAMES	
ADDRESS	
OFFICE	

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