

NZ RACING BOARD SELF-EXCLUSION FORM

Mr/Mrs/Ms/Miss: _____
(First & middle name)

(Surname)

Address: _____
(Street address)

(Suburb)

(City)

Contact Phone Number: _____ **Date of birth:** _____

Identification: _____

In signing this form I confirm that I understand the following :

- 1) That I am excluded from betting using NZ Racing Board wagering systems, and may be removed, should I be found on any NZ Racing Board wagering premises.
- 2) I will be refused service at those premises, when recognised, under Section 65 (refusal to accept bets) of the Racing Act 2003
- 3) This exclusion will remain for an indefinite period and I cannot revoke it unless the NZ Racing Board agrees to such an action
- 4) Any TAB accounts in my name will be closed forthwith and I will be prevented from opening accounts in the future

Exclusion to include premises situated at:

TAB Account #'s :

I have provided a photograph that identifies me, for the purpose of enforcing this notice. I understand the photograph will be destroyed should the self-exclusion be revoked.

Signed (Customer)

Date

Signed (venue manager or properly authorised person)

Date

Print (name)