



"SET YOUR LIMITS" REQUEST FORM

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

(Surname)

Address: _____
(Street address)

(Suburb)

(City)

Contact Numbers: home _____ Date of birth: _____

work _____

mobile _____

All known "active" TAB account numbers in my name:	_____
Nominated TAB account number for restricted use:	_____
Select Restriction Type:	<input type="checkbox"/> REQUESTED
(select one OR both)	<input type="checkbox"/> Maximum Loss Per Week \$ _____
	<input type="checkbox"/> Maximum Spend Per Week \$ _____
If both are selected you will be unable to place any more bets once either of the restrictions are met.	

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

- 1) The limits documented here are requested limits only. The NZ Racing Board reserves the right to adjust these limits after discussion with the customer. The NZ Racing Board will provide the customer with written confirmation of the limits set.
- 2) These restrictions will remain in place for an indefinite period and I cannot revoke them unless the NZ Racing Board agrees to such an action.
- 3) Any changes to these documented restrictions must be approved by the NZ Racing Board.
- 4) Other than the TAB account specified for restricted use, I agree that all other TAB accounts in my name will be closed forthwith and I will be prevented from opening any new accounts in the future without the approval of the NZ Racing Board.

Signed (Customer) _____ Date _____

If submitted for processing through a TAB cash outlet operator to complete below.

Signed (venue manager or properly authorised person) _____ Date _____

Print (name) _____