



REQUEST FOR REVOCATION OF EXCLUSION

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 consent to the New Zealand Racing Board (NZRB) discussing my betting issues with the Gambling Support provider, prior to any letter regarding assessment being sent for consideration by the NZRB
- 2) I consent to the Gambling Support provider sending an assessment of my gambling issues directly to the NZRB
- 3) Should a revocation be granted it will apply only to the Racing/Sports wagering operations of the NZRB (i.e. Not Gaming Operations)
- 4) I agree to following the Revocation process as described below :-
 - a) Complete in full this Revocation form and send to NZRB
 - b) Contact NZRB to get approval of the Gambling Support provider who will make the assessment
 - c) Attend counselling/assessment sessions with the NZRB approved Gambling Support provider
 - d) The Gambling Support provider MUST discuss your case with the NZRB
 - e) The Gambling assessment provider send a written assessment direct to the NZRB
 - f) NZRB will review the written assessment along with any other information it considers relevant before coming to a decision
 - g) NZRB will make a decision that will be forwarded to you in writing, to either
 - i) Let the exclusion remain
 - ii) Allow you restricted access to NZRB wagering facilities (eg Set your Limits)
 - iii) Allow you full access to NZRB wagering facilities

Signed (Customer)

Date

Print (name)