

GAMBLING SELF EXCLUSION FORM



Charity Name:

Title: Mr Mrs Ms Miss Other

Full Name:

Address:

Postcode:

Please exclude me from all lottery and raffle activity with immediate effect. I understand that by submitting this form, the exclusion will remain in place until I telephone to tell you that I wish to begin gambling again. Please note that by law the self-exclusion must apply for a minimum period of 6 months.

Signature: Date: / /



Please post this form back to Customer Services at:
THE KING'S LOTTERY, Freepost Plus RUES-JZLB-XTJR, King's College Hospital Charity, Shakespeare Business Centre , 245a Coldharbour Lane, London, SW9 8RR

Counselling and Support Services

GambleAware

Are you gambling more than you really want to? If you or a family member feel that you are experiencing problems with gambling, you can seek advice and support from trained counsellors at GambleAware by calling the National Gambling Helpline on 0808 8020 133 or visit their website www.GambleAware.org

Software is available to prevent an individual computer from accessing gambling internet sites – please see www.gamblock.com for further information.