



SELF-EXCLUSION AGREEMENT

Username:

Date:

First Name:

Last Name:

Address:

Postcode:

Email address:

Contact telephone no.:

I would like to be self-excluded from **SlotsPlus Casino**.

I request that my **SlotsPlus Casino** account, as detailed above, be closed for a period of
(choose from below):

7 Days

1 Month

3 Months

6 Months

Permanent

Other:

I am not allowed to modify, revoke, withdraw or rescind my Self-Exclusion prior to the expiry of this agreement.

I understand that this exclusion applies to the above account only. I accept that I need to contact other operators should I wish to be excluded from any accounts that I may hold with them.

Activation requests will be entertained only after the expiry date of this exclusion, unless you have requested to be excluded permanently. This decision will be reviewed by Management before a decision is made.

I understand that **SlotsPlus Casino** will take all reasonable measures and use checking procedures available to them to support this exclusion but the responsibility remains with me to comply with this agreement. I release **SlotsPlus Casino**, its Manager(s) and employees from any liability or claim in the event that I fail to comply with this voluntary exclusion or continue to gamble, or open new accounts with **SlotsPlus Casino** or other operators.

Signed: _____

Date: _____