



SELF EXCLUSION FORM

I, the undersigned

_____ (Full names)

1. Make this statement in English, in my own free will and voluntarily and without undue influence.
2. Am NOT under the influence of any alcoholic beverages, controlled substances, drugs or prescription medication that would prevent me from making a rational and informed decision regarding whether or not to execute this application.
3. Hereby request and authorize LottoStar (Pty) Ltd, Licensed and regulated by the Mpumalanga Economic Regulator and other national bookmakers which allow fixed odds betting to deny me access or bar me from participating in all betting:

NATIONAL (RSA)	
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4. I further wish to have my name added to the self-exclusion list maintained by the Mpumalanga Economic Regulator which same may result in my name being shared with the national gambling board and all other provincial gambling boards.
5. I hereby acknowledge and agree that:
 - a) This will exclude me immediately from all Designated online and retail betting.
 - b) My name shall be added to the Mpumalanga Economic Regulator and all provincial boards and / or the National Register of excluded persons.
 - c) By completing this application, I voluntarily and concurrently enter into similar binding agreements (i.e. terms, conditions, indemnities, etc.) with other Provincial Gambling Boards, the National Gambling Board and Gambling Operators (i.e. Casinos, Bingo Operators, Bookmakers, Totalizators, Route Operators and Limited Payout Machine Sites (LPMs) in the Mpumalanga province and national.
 - d) I authorize the Mpumalanga Economic Regulator, LottoStar, other Provincial Gambling Boards, National Gambling Board and / or other Operators to circulate the completed self-exclusion form and my FICA documents as provided to LottoStar (Pty) Ltd, to all relevant stakeholders for the sole purpose of complying with my request.

Initial: _____

LOTTOSTAR (PTY) LTD
Reg No.: 2007/011071/07

Suite G01 & G02, Riverside Office Park, Block 2, 01 Aqua Street, Mbombela, Mbombela Local Municipality
Tel.: +27 (0) 10 596-0000



I have read and understood the contents of the above section	Yes		No	
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6. My details are as follows:

Full Names			
Surname			
Nicknames or Aliases			
Identity Number			
Date of Birth			
Nationality			
Gender		Male	Female
Home Language			
Distinguishing Marks			
Height:		Weight:	
Eye Colour:		Hair Colour:	
Residential Address			
		Code	
Postal Address			
		Code	
Home Telephone Number			
Fax number			
Email address			
Marital Status			
Employment status			
Annual Income			
Below R50 000			
R50 000 – R100 000.00			
R100 000.00 – R200 000.00			
R200 000.00 – R300 000.00			
Above R300 000.00			
Number of Dependents			

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7. I hereby understand, acknowledge and agree that:

- 7.1. This exclusion will NOT be lifted within a period of six (06) months from the date hereof.
- 7.2. The Mpumalanga Economic Regulator and all Licensed Gaming Operators recommend that I seek treatment for my gambling problem.
- 7.2.1. *The License Holder/Regulatory Authority encourages me to utilize (or continue to utilize) the free treatment services provided by the National Responsible Gambling Programme (NRGP) of the South African Responsible Gambling Foundation, for people who have a problem with gambling.*
The NRGP promotes responsible gambling and offers the following services:
- *Treatment to those affected by problem gambling.*
 - *Toll Free 24 Hours Helpline (0800 006 008)*
 - *Free Consultations with a Counsellor, and*
 - *In-Patient treatment*
- 7.3. By completing this application I am authorizing the Mpumalanga Economic Regulator and its License Holders to release the contents of my application – Including my name and ID Number to all licensed casino operators; Bookmakers; Totalizators; Bingo Operators; Route Operator and Limited Payout Machine Sites (LPM) including other Provincial Regulatory Authorities for the purpose of complying with my request.
- 7.4. The release of the information in my application to all Licensed Gaming Operators and Provincial Regulatory Authorities will result in me being denied service at any Designated Gambling in the Province / or Nationally and the consequence of me violating this agreement is that I:
- Will forfeit any winnings in my possession at the time of detection;
 - Will not be entitled to a refund of any money wagered or to any losses incurred prior to the time of detection;
 - Will forfeit any benefits accrued to me by Lottostar both prior to this application and before any approval to revoke the exclusion is granted.
- 7.5. Any winnings from a betting activity during the period of exclusion will be forfeited.
- 7.6. By asking to be self-excluded I am accepting that I am a problem gambler and that I am unable to gamble responsibly.
- 7.7. Notwithstanding the provisions contained in the Mpumalanga Gambling Act and Mpumalanga Economic Regulator and according to the terms of this application, it is my responsibility to stay away or not to enter any Designated Gambling Areas in the Province and / or Nationally.
- 7.8. By completing this application, a further consequence of me being discovered at any Designated Gambling Areas, is that I may be arrested for trespassing.
- 7.9. By completing this application, a further consequence of being discovered at any Designated Gambling Areas at other Casinos, is that I will **Not be eligible to Win** a

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gambling game and therefore will be **denied** winnings I may attempt to claim while visiting any Designated Gambling Areas in the Province and/ or Nationally.

7.10. **I am an Excluded Person until such time that a written application to revoke the exclusion has been received and approved by the Regulatory Authority and/or LottoStar.**

7.11. The request to lift this Self-exclusion will only be considered provided I produce proof of counselling from a Psychologist, Psychiatrist or any counsellor appointed by the National Responsible Gambling Programme (NRGP) stating that I have attended the necessary problem gambling counselling sessions, and that I am deemed competent to gamble responsibly.

7.12. It is clear that whilst the Board and the gaming operators will make reasonable efforts to give effect to my request for exclusion from gambling at any Fixed Odds betting platforms, it is my responsibility to ensure that I refrain from participating in betting during the period of exclusion.

DECLARATION/WAIVER/RELEASE:

I have read and understood the contents of the above Sections and I hereby:

Indemnify, and hold harmless LottoStar (Pty) Ltd and its employees, the Provincial Gambling Boards, the licensed gaming operators, directors, agents, and employees against all and, any proceedings, actions, claims, suits, debts, judgements, executions, costs and demands whatsoever, known or unknown, in law and equity, which I, the undersigned, and my heirs, successors, administrators, executors and assigns ever had, now has, may have, or claim to have against any or all of the said entities or individuals arising out of or by reason of the processing, enforcing or any other action or omission relating to this application including but not limited to, the release of the contents of my application to any Regulatory Authority, License Holder, its agents or employees.

Signed at _____ on this the _____ day of _____ 20__

SIGNATURE

Please attach the following documentation to this form:

- Certified copy of your identity document; and
- Proof of address.

Initial: _____