Self-Identified Exclusion Application Form

Applicant Details:

First Name: _____ Family Name: _____

Street Address: _____

Suburb: _____City: _____ Country: _____

Contact Number: _____ Date of Birth: _____

Email: _____ Ethnicity: _____

Account number: _____

I acknowledge that I am a problem gambler and request that SkyCity Casino Management Limited (**SkyCity**) prohibits me from entering the gambling areas of SkyCity's New Zealand casinos.

Exclusion Period Requested: _____ months (3, 6, 9, 12 or 24 months)

Games Played: Table Games ☐ Gaming Machines ☐ Both ☐

Nominated Counselling Services: Yes ☐ _____ No ☐
(Service provider)

Nominated Support Person: Yes ☐ (provide details below) No ☐

First Name: _____ Family Name: _____

Full Address: _____

Contact Number: _____ Email: _____

Relationship: _____

I hereby consent to SkyCity disclosing the information in this application and its related matters (including, but not limited to, information about breaches of this Exclusion) to my nominated support person and/ or nominated counselling service provider and agree that this consent remains in place until withdrawn by me in writing.

Personal information collected in this form will be held by SkyCity in accordance with the terms of its Privacy Policy, available at skycity.co.nz/privacy-policy. You have the right to access and correct your personal information

_____ _____

(Applicant's signature) (Date)