

North West Air Ambulance Charity (FONWAA) Self-Exclusion Form

Please exclude me from your lottery and Prize Draw with immediate effect and do not make direct contact with me during my exclusion period.

You will be excluded for a minimum of 6 months from the date of the form unless you stipulate a longer specified time period.

Name: _____

Address: _____

Post Code: _____ Contact number: _____

Lottery number/s: _____

Please confirm the following by adding a tick within each box:

I understand that I will be suspended from all lottery and Prize Draw activity until a formal application to restart gambling has been made

I confirm that I have read and understood the self-exclusion information and the consequences of self-excluding

Length of self-exclusion period: _____

Signature: _____ Date: _____

Comments: