

North west Air Ambulance Charity

Self-Exclusion Form

Please exclude me from your lottery 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: _____

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

(Please tick)

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

(Please tick)

Length of self-exclusion period: _____

Signature: _____ Date: _____

Comments: