



SELF-EXCLUSION FORM

SELF-EXCLUSION PERIOD:

3 MONTHS 6 MONTHS 1 YEAR 5 YEARS PERMANENT

CUSTOMER DETAILS:

Are you a current Picklebet customer? Please circle **YES** **NO**

USERNAME:

ACCOUNT NUMBER:

FULL NAME:

DATE OF BIRTH (DD/MM/YYYY):

RESIDENTIAL ADDRESS:

EMAIL ADDRESS:

MOBILE NUMBER:

I apply to be permanently excluded from Picklebet's online wagering in accordance with Responsible Gambling Principle 4 of the Northern Territory Code of Practice for Responsible Gambling.

In submitting this application, I acknowledge and agree to the following:

1. The self-exclusion was triggered on my account when I contacted Picklebet with concerns about my gambling;
2. I will not attempt to make an online wager with Picklebet at any time in the future;
3. I authorize Picklebet to remove my access from, or prevent me from entering the nominated and all relevant websites and applications;
4. My personal details will be placed on the Responsible Gambling Incident Register held by the Sports Bookmaker;
5. Picklebet will not allow me or anyone else to use any account I have with Picklebet and relevant nominated sites in the future;
6. My exclusion from the Nominated Sites is voluntary and does not place any obligation, duty or responsibility on any other person or body other than me;
7. That I release, and covenant not to sue the Sports Bookmaker or their agents or contractors ("the released persons") from all actions, suits, claims, demands whatsoever, which but for this Notice, I could now or hereafter assert, bring or make, or by anyone on my behalf, arising from any damage or injury or otherwise caused directly or indirectly as a result of any act, default, or omission of the released persons in relation to the matters contained in this Notice;
8. I understand that if incorrect or incomplete personal information is provided to self-exclude myself from Picklebet's services, then Picklebet is not liable should I open an account using different personal information than what was provided above;
9. I acknowledge that my self-exclusion is not actioned until receipt has been received from Picklebet via email or phone contact; and
10. That I had the right to seek independent legal or other professional advice before signing.

Please sign where indicated and return the signed and completed form to support@picklebet.com

SIGNATURE:

DATE: