Title	
- None - 🔻	
First	
Last	
Address	
Address 2	
City/Town	
Zip/Postal Code	
	ı
Phone	
Fmail	

Player re	ference numbo	er / draw number
Date of b	irth	
Year	Month	Day
Year ▼	Month ▼	Day ▼
Period of	self exclusion	required
l wish to	self-exclude m	vself from
	ent lottery	
all lo	tteries of the soc	riety
all da	amhling operated	I by the society group of companies for the period
	n above	by the society group of companies for the period
l coı	nfirm I have re	ad Barnardo's self exclusion
		nderstood the consequences of self
excl	usion.	