## **Self-exclusion Notice**



## **UltraBet Pty Ltd**

Fields marked with asterisk (*) are mandatory.									
Nominate th	e operators you	are seek	ing to exclude	e from					
UltraBet*			Yes / No						
Personal De	onal Details of person seeking exclusion								
Full name* (r name includ									
Aliases* (also	known as)								
Date of birth*		Gender							
Email addres	ail address*								
Home addre	ss*								
Postal addre	ess								
Mobile numl	Mobile number*		Home number			er*			
Exclusion Pe	riod	<u>I</u>							
How long do you wish to be excluded for?*		Year(s)		Mon	Month(s)			Permanent	Yes / No
Photo identi	fication								
Select your proof of identity. A copy must be lodged with this application.*									
Passport	Yes / No	Driver	's licence	Yes /	No <b>Evide</b> n		ence of age	Yes / No	
Counselling,	Counselling, information and support								
Free and confidential support and counselling services are available 24 hours a day, 7 days a week by calling the Gambling Helpline on 1800 858 858 or visiting their website: <a href="www.gamblinghelponline.org.au">www.gamblinghelponline.org.au</a>									
There are a wide range of resources available for anyone affected by gambling across Australia. These services are open to people with a gambling addiction, as well as their friends and families.									
Each state and territory has a range of counselling services which may help with addictions, relationships and financial counselling for people with gambling-related problems and their families.									
To find out where your closest service is located, call the Gambling Helpline or visit their website for a referral to a friendly and non-judgemental professional. The Gambling Helpline can organise an interpreter for you.									

## Statement

I wish to be excluded from wagering with the nominated Sports Bookmaker Operator(s) licensed in NSW, in accordance with the practice of responsible gambling. In completing and lodging this Self-exclusion Notice with the nominated Sports Bookmaker, I understand and agree that:

- 1. During the Exclusion Period:
  - a. I will not wager or attempt to wager with the nominated Sports Bookmaker, including via websites, mobile apps and telephone wagering; and
  - b. The nominated Sports Bookmaker(s)/Betting Exchange Operator(s) may restrict my ability to access my account(s) and their websites, mobile apps and telephone wagering facilities.
- 2. Where I have sought a permanent exclusion, the nominated Sports Bookmaker may also close my account(s).
- 3. The Personal Details and other personal information contained in this form are collected by the Sports Bookmaker for the purpose of fulfilling its functions of responsible gambling.
- 4. I consent to this Notice (including my Personal Details and the Exclusion Period) being provided to the Sports bookmaker.
- 5. My exclusion from using the gambling products and services of the nominated Sports Bookmaker is voluntary, and the onus is on me to abide by the exclusions I have specified in this Notice.
- 6. I have the right to seek independent legal or other professional advice before signing and lodging this Notice.

Declaration									
By signing below, you agree to have read and understood the Statement above.									
Your signature*	Date*	Date*							
Witness details and signature									
Witness full name*									
Contact number*		Contact address*							
Witness signature*			Date*						
Return form									
Please return the completed form to <a href="mailto:support@ultrabet.com.au">support@ultrabet.com.au</a> or to Ultrabet live chat.									