



## SELF-EXCLUSION AGREEMENT

---

Account name:

Date:

First Name:  Last Name:

Address:

Postcode:

Email address:

Contact telephone no.:

I would like to be self-excluded from the **Jackpot Capital Casino**.

I request that my **Jackpot Capital Casino** account, as detailed above, be closed for a period of (choose from below):

7 days  1 month  3 months  6 months  Permanent  Other

I am not allowed to modify, revoke, withdraw or rescin my Self-Exclusion prior to the expiry of this agreement.

I understand that this exclusion applies to the above account only. I accept that I need to contact other operators should I wish to be excluded from any accounts that I may hold with them.

Activation requests will be entertained only after the expiry date of this exclusion, unless you have requested to be excluded permanently. This decision will be reviewed by Management before a decision is made.

I understand that **Jackpot Capital Casino** will take all reasonable measures and use checking procedures available to them to support this exclusion but the responsibility remains with me to comply with this agreement. I release **Jackpot Capital Casino**, its Manager(s) and employees from any liability or claim in the event that I fail to comply with this voluntary exclusion or continue to gamble, or open new accounts with **Jackpot Capital Casino**, or other operators.

By signing below, I agree that I have made authorized charges using my credit card(s) and agree to pay any and all charges incurred which funded my **Jackpot Capital Casino** account, regardless of when or by whom the transaction was authorized. I agree that I shall fully honour any such Authorized Card(s) payments. I further agree that if any such Authorized Card(s) payment be dishonoured, whether with or without cause and whether intentionally or inadvertently, **Jackpot Capital Casino** shall be under no liability whatsoever, including any fees imposed by my bank.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_