

Self-Exclusion Request Form

Title:	First Name:	Last Name:
Address:		
Postcode:		

Please exclude me from all lottery activity with immediate effect. I understand that by submitting this form, the exclusion will remain in place until I notify you to tell you that I wish to begin gambling again. Please note that by law the self-exclusion must apply for a minimum period of 6 months.

Signed:
Date:

Please post this to Penny Brohn UK, Chapel Pill Lane, Pill, Bristol, BS20 0HH

Alternatively, you can email this to fundraising@pennybrohn.org.uk

Problem Gambling Support Services

You can seek advice and support from trained counsellors at BeGambleAware by calling the National Gambling Helpline on 0808 8020 133 or visit their website.



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BeGambleAware[®]