

## CUSTOMER SELF-EXCLUSION AGREEMENT

Customer Name: .....

Customer Address & Post Code:.....

.....

I request that I be excluded from the Lottery run by Dr Kershaw's Hospice for a period of ..... months (*enter the required period, minimum of six months; Self-Exclusion may be for up to five years or more*) that is up to and including the ...../...../..... and that I am not allowed to modify, revoke, withdraw or rescind my Self-Exclusion prior to the expiry of this agreement.

At the end of this agreement I can then review this request with the Head of Lottery & Donor Stewardship and either renew it for a further six months or decide that further Self-Exclusion is unnecessary. If I decide not to renew the agreement I understand that I will be required to agree to 24 hours 'cooling off' period before I can resume the lottery with Dr Kershaw's Hospice.

I release Dr Kershaw's Hospice and employees from any liability or claims in the event that I fail to comply with this voluntary self-exclusion.

I have/have not provided a photograph of myself to assist in the application of this request (delete as appropriate)

Attach PHOTO if provided:

Signed Customer:..... Date: .....

Witnessed by Head of Lottery: ..... Date: .....

**Note for customer:** If you would like to talk over the reason why you have taken the step of Self-Exclusion, you can telephone the Gamcare National Helpline 0845 6000 133 or website for confidential advice. This self-exclusion form held by Dr Kershaw's Hospice will be destroyed, at your request, if not renewing or, after expiry of the exclusion period.

**Note for Head of Lottery & Donor Stewardship:** A copy of this document will be given to the customer and copy retained by Dr Kershaw's Hospice.

Updated March 2025

Dr Kershaw's Hospice,  
Turf Lane, Royton,  
Oldham, OL2 6EU

[www.drkh.org.uk](http://www.drkh.org.uk)

Reg. Charity No: 1105924

**You are at the heart of everything we do!**

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