

# Customer Self-Exclusion Agreement

Customer Name: (Mr/Mrs/Ms / Other)

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 on **0845 6000 133** or visit their 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**

**Lottery Team**

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Dr Kershaw's Hospice is licensed by the Gambling Commission. Licence No: 5224

Promoter: Dr Kershaw's Hospice, Turf Lane, Royton, Oldham, OL2 6EU. Responsible Person: Joanne Penketh. Charity No: 1105924