

EXCLUSION ORDER

[Gambling Act 2003 – Sections 309 & 310]

Name: _____ DOB: ____/____/____

Residential Address: _____ Email Address: _____

Phone: (Mobile): _____ Gender: (M) (F) (O) Ethnicity: _____

(All correspondence regarding this exclusion will be sent to the email address unless an alternative correspondence address is completed)

ID: (i.e. Driver Licence, Birth Certificate, Passport) No. _____ Expiry Date: _____

Venue Name: _____ Venue Address: _____

Exclusion Start Date:

Exclusion Expiry Date:

In accordance with Sections 309, 309A and 310 of the Gambling Act 2003, you are hereby excluded from entering the Gaming Machine areas in the venues outlined below:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Ascot Park Tavern | <input type="checkbox"/> Eastern Suburbs Tavern | <input type="checkbox"/> Homestead Tavern | <input type="checkbox"/> Kelvin Hotel |
| <input type="checkbox"/> Newfield Tavern | <input type="checkbox"/> Northern Tavern | <input type="checkbox"/> Southland Tavern | <input type="checkbox"/> Waikiwi Tavern |
| <input type="checkbox"/> Waxy O'Shea's Tavern | | | |
- I authorise you to pass on my details to **Support Services Providers** to contact me:
- to support me with **Multi Venue Exclusion** from other gaming venues in the Invercargill/Bluff area.
 - to connect with **confidential free one-on-one personal support**.

BREACH OF EXCLUSION ORDER

If you enter a designated gambling area of any ILT Foundation venue as listed on this form, before the expiry of the exclusion period, you commit an offence under section 312 (1) of the Gambling Act 2003. Such an offence is liable to a fine of up to \$500. The Venue Manager or person acting on the Venue Manager's behalf is required by law to remove you from the premises. The Police may be requested to assist in your removal.

Name: _____ Signature: _____ Date: ____/____/____

Please tick type of exclusion initiated:

- s309** (Venue Initiated exclusion) **s310** (Self exclusion initiated at venue) **MVE (s310)**

On behalf of venue

First Name: _____ Last Name: _____

Signature : _____ Date: ____/____/____

On behalf of ILT Foundation

First Name: _____ Last Name: _____

Signature : _____ Date: ____/____/____

This exclusion order has been initiated by the ILT Foundation on behalf of the venue.

Privacy statement: The Privacy Act 1993 regulates how we collect, use, hold, disclose, manage and dispose of personal information. Personal information provided on this form is for the purposes of managing and monitoring this exclusion order. The information will be distributed to all ILT Foundation gaming venues/venue staff and retained to enable monitoring to ensure compliance with the order and to meet record keeping obligations under the Gambling Act.