

Application for Placement on the Gambling Self-Exclusion List

First name _____
please complete in block letters

Family name _____
please complete in block letters

Estonian personal ID number _____

Date of birth _____
complete if no Estonian personal ID number exists
 day month year

Please exclude me from the following games:

(tick at least one box)

game of chance

lottery

toto (sports betting).

Number of months after which I am able to remove the exclusion _____
between 6–36 months

I am aware that I cannot withdraw an application that has been submitted. By submitting an application I consent to my personal data being processed by the Estonian Tax and Customs Board and gambling operators.

telephone number

email address

date

signature

The gambling operator shall promptly submit the application to the Estonian Tax and Customs Board. The Estonian Tax and Customs Board shall register the gambling self-exclusion within two business days from the submission of a relevant application by the gambling operator.

Täidab hasartmängu korraldaja

Hasartmängu korraldaja nimi _____

Avalduse vastuvõtja ees- ja perekonnanimi _____

e-posti aadress _____ telefoninumber _____

Kinnitan, et avalduses esitatud andmed on kontrollitud isikut tõendava dokumendi alusel ja avalduse esitaja isikusamasus on tuvastatud.

kuupäev

allkiri