

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.

date

signature