

**Lottery Self Exclusion Policy and Procedure**



**Appendix a**

**Weekly Prize Draw & Ad Hoc Prize Draws Self-Exclusion Form**

**Individuals who wish to self-exclude must complete and sign this form and indicate whether the period of self-exclusion should be for 6 or 12 months.**

I understand that the minimum duration for self-exclusion is not less than 6 months, or more than 12 months:

\*I would like to self-exclude from participating in the Weekly Prize Draw and ad hoc Prize Draws and be self-excluded for 6 months.

\*I would like to self-exclude from participating in the Weekly Prize Draw and ad hoc Prize Draws and be self-excluded for 12 months.

*\*Delete as appropriate*

Name (Block Capitals)

.....

Membership/game number(s) (if known)

.....

Address (including postcode).....

.....

Telephone number(s) .....

I enclose a recent photograph of myself Yes/No\* Note. Note. Your photograph will be circulated to St Margaret's shops in your local area to try to prevent staff and volunteers from selling you Weekly Prize Draw tickets.

Signature..... Date.....

Please return this form to:

Lottery Office  
St Margaret's Somerset Hospice  
Heron Drive  
Taunton  
TA1 5HA