



Self-Identified Exclusion Application

I, _____
(Mr/Mrs/Miss/Ms) (First Name) (Middle Name) (Family Name)

of _____
(Full Address)

_____ or _____
(Telephone – Home) (Mobile)

_____ (Date of Birth) _____ (Age) _____ (Ethnicity)

make an application to be excluded from the gambling areas of casino venues operated by SkyCity Casino Management Ltd (“SkyCity”) in Auckland and the SkyCity operated venues at Hamilton and Queenstown for a period of **3 6 9 12 24** months. *(circle your preference)*

I understand that this request means that I agree to an Exclusion Order being issued against me, under the provisions of section 310 of the Gambling Act 2003, and that this order will remain in force for the period specified above and until re-entry has been approved by SkyCity. I understand that the exclusion period may be renewed and that SkyCity does not guarantee re-entry will be granted.

I understand that SkyCity may provide details of this request and the Exclusion Order to any other casino venue in New Zealand not managed by SkyCity (or its related companies), which may result in an exclusion order being issued against me by another casino venue should I be found in that venue.

I also understand that any breach of the Exclusion Order may result in enforcement action being taken, which may involve the Department of Internal Affairs (DIA) and the imposition of fines.

I have had it brought to my attention that SkyCity encourages excluding customers to seek the services of suitably qualified counsellor(s) in the field of problem gambling.

I give SkyCity consent to ask the counselling service I have selected below to contact me using the above phone number(s).

The best time of day to call me is: _____

| | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Asian Family Services | 0800 862 342 | <input type="checkbox"/> Problem Gambling Foundation | 0800 664 262 |
| <input type="checkbox"/> Raukura Hauora O Tainui | 09 263 8040 | <input type="checkbox"/> Tupu Services | 09 845 1810 |
| <input type="checkbox"/> CADs – Asian Counselling Service Line | 09 442 3232 | <input type="checkbox"/> Pasifika Gambling Helpline | 0800 654 657 |
| <input type="checkbox"/> Maori Gambling Helpline | 0800 654 656 | <input type="checkbox"/> Salvation Army Oasis Centres | 09 638 0801 |

OR

SkyCity has encouraged me to seek professional counselling but I choose not to seek such advice.

NOMINATED SUPPORT PERSON:

I acknowledge that during the exclusion period I may need support from another person (not being a counselling service). I wish to nominate as my support person (and acknowledge this person will replace any support person I have previously nominated):

_____ (Name) _____ (Address) _____ (Telephone)

Gender: M / F **Relationship to Applicant:** _____
(e.g. mother, husband, friend)

OR I choose to retain the support person I have previously nominated.

OR I choose not to have a support person *(default if no option is selected)*.

Exclusion reason (please circle all that apply) or **N/A** (no-answer)

I _____ a loyalty card holder.
(am/am not)

| | | | | | |
|-----------------|--------------|---------------|------------------|-----------------|----------------------------|
| Financial Issue | Family Issue | Mental Health | Concerned Spouse | Concerned Other | Other Reason (write below) |
|-----------------|--------------|---------------|------------------|-----------------|----------------------------|

Please indicate which games and/or machines you play most often:

| | | | | | | | | | |
|-----------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|
| Table Games | RO <input type="checkbox"/> | BJ <input type="checkbox"/> | TS <input type="checkbox"/> | PG <input type="checkbox"/> | CS <input type="checkbox"/> | BA <input type="checkbox"/> | MB <input type="checkbox"/> | MW <input type="checkbox"/> | PKR <input type="checkbox"/> |
| Gaming Machines | 2c <input type="checkbox"/> | 5c <input type="checkbox"/> | 10c <input type="checkbox"/> | 20c <input type="checkbox"/> | \$1 <input type="checkbox"/> | \$5 <input type="checkbox"/> | \$10 <input type="checkbox"/> | \$25 <input type="checkbox"/> | |

RE-ENTRY CONDITIONS

- No Requirement to Leave Premises (RTLTP) and/or trespass notice(s) being in force that have been issued to you by a SkyCity venue in New Zealand.
- A re-entry application form must be completed and submitted to SkyCity for assessment and approval in writing. Further conditions may be imposed by SkyCity. SkyCity does not guarantee re-entry will be granted.

I acknowledge that it may take a period of time for SkyCity to cancel communications about its promotions and activities and I understand that some communications may have already been dispatched to me, including to any alternative name, postal address, email address or phone number(s) I may have provided. Therefore, I release and hold SkyCity harmless in respect of any loss, liability or claim arising (directly or indirectly) out of any communications I receive from SkyCity from the date this application is received by SkyCity.

I also fully acknowledge that SkyCity will use reasonable endeavours to enforce the Exclusion Order against me at all times. Should I succeed in gaining entry to the gambling areas of SkyCity Auckland or the SkyCity operated venues at Hamilton and Queenstown in breach of the Exclusion Order, I will not hold SkyCity or any individual employee liable for the consequences of any visit (including any gambling losses) and understand that SkyCity may refuse to pay any money or prizes won or benefits earned.

I hereby consent to SkyCity disclosing my personal information (as it relates to the subject of this notice) to my nominated support person and/or my nominated counsellor and agree that this consent remains in place until withdrawn by me in writing or re-entry is granted (whichever is earlier). I also acknowledge that my photograph will be retained by SkyCity for the purposes of identification during my exclusion period, including within its facial recognition system.

SIGNED: _____
(Self-Identified Exclusion Applicant)

DATED: _____

*PLEASE NOTE: For all exclusion enquiries please telephone (09) 363 6000 ext 7690 to make an appointment time to meet and complete the process of being self-excluded.
Alternatively you can forward this application with your photograph and a certified copy of identification (i.e. passport or driver's licence) to:*

Email: host.responsibility@skycity.co.nz

Postal Address: Host Responsibility Administrator
PO Box 90643
Victoria Street West
Auckland 1142

SkyCity Employee or Counselling Service Provider ("Verifier") Use Only

| | |
|---------------------------|---------------------------------------|
| Photo ID type: _____ | Document Number: _____ |
| Name of Verifier: _____ | Employee No (SkyCity Verifier): _____ |
| Verifier Signature: _____ | Date: _____ |