



Mothers' Union Raffle Self-Exclusion Request Form

URN:

Date:/...../.....

Customer Name:.....

Customer Address:

.....

.....

Postcode:

Contact Telephone Number:

I request that my Mothers' Union Raffle account be closed for a period of months (minimum period of 6 months) beginning on the/...../..... and that I cannot modify or withdraw my self-exclusion until the agreed period has elapsed. I also understand that I am not eligible to enter any Mothers' Union draws during this period and will not be sent any promotional literature.

At the end of the agreement I understand that I can contact Mothers' Union to review this request and either renew it for a further period or terminate the self-exclusion request. If I decide not to renew the request I understand that I will be required to agree to a 24 hour 'cooling off' period before I can re-enter Mothers' Union Raffle.

I understand that Mothers' Union will take all reasonable measures to support this exclusion but the responsibility remains with me to comply with this agreement.

Signed: Date:

Note for customer: If you would like help with regards to problem gambling, you can contact GamCare on 0845 6000133 for confidential advice or visit their website at www.gamcare.org.uk