**St Ann’s Local Lottery Self-Exclusion Form**

We understand that you may, for personal reasons, wish to exclude yourself from the St Ann’s Local Lottery and will make every effort to assist you to do so and to offer further advice at your request.

To exclude yourself from the St Ann’s Local Lottery please complete the form below, which will be held by St Ann’s Hospice Trading Company for the duration of the agreement.

On receiving a completed Self-Exclusion Form we will exclude you from the St Ann’s Local Lottery for a minimum period of 6 months from the agreement date.

During the exclusion you will not receive any marketing materials related to gambling activity from St Ann’s Hospice (which includes, but is not limited to lottery and raffle).

At the end of the agreement you can review your exclusion with the Lottery Manager and choose to either extend or end the agreement.

Please exclude me from your lottery with immediate effect. I understand that:

* I cannot modify or withdraw my self-exclusion before the end of the agreement
* At the end of the agreement, if I decide not to extend the exclusion, I will be required to agree to a 24 hour ‘cooling off’ period before resuming my lottery membership/playing the lottery
* St Ann’s Hospice Trading Company and its employees are not liable should I fail to comply with this voluntary self-exclusion agreement

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Lottery Member Number (existing members only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your completed form to: Lottery Office, St Ann’s Hospice, St Ann’s Road North, Heald Green, Cheadle, Cheshire, SK8 3SZ. Or email a copy to: [lottery@sah.org.uk](mailto:lottery@sah.org.uk)