



REQUEST FOR SELF-EXCLUSION

Please read these Instructions and the Request for Voluntary Self-Exclusion from Casino Gambling Form (Request Form), including the Waiver and Release and Acknowledgment carefully. By signing and submitting the Request Form, you are acknowledging that you are a problem gambler and you are agreeing to be excluded from all gaming activities in the local casinos on the island of Curaçao. This implies that you cannot gamble, receive or use, complimentary goods or services, be a member of a slot or players' club, receive credit from any casino, cash checks at a casino, or collect winnings or recover losses. Also, the casinos are to remove your name from their direct marketing lists.

INSTRUCTIONS COMPLETING THIS FORM:

- A. You must personally submit the completed Request Form at one of the following locations from Monday through Friday, between the hours of 9:00 A.M. to 4:00 P.M. at:
 - Curaçao Gaming Control Board (hereafter: GCB), Emancipatie Boulevard Dominico F. "Don" Martina 23.
 - Fundashon pa Maneho di Adikshon (hereafter: FMA), Oosterbeekstraat 11, Shèr Asil.
- B. At the time you submit your Request Form, You must present valid identification that contains your signature and your photograph, such as a driver's license, or a passport.
- C. Your photograph will be taken by a GCB or a FMA representative and included in the Curacao Self-exclusion Database.
- D. Your photograph and identifying information will be distributed to the appropriate casino personnel. The information contained in your Request Form and the Self-Exclusion List maintained by GCB and FMA is not open to public inspection and every effort will be made to maintain its confidentiality. However, GCB, FMA and the casinos are not liable for any disclosures of any information, other than a willfully unlawful disclosure. Certain limited disclosures by the casinos are permitted.
- E. The casinos may inform certain of their agents, including cash advance services and junket representatives, that you are on the Self-Exclusion List for the purposes of denying you gaming-related services. The casinos also are permitted, by law, to disclose to affiliated gaming entities on the island of Curaçao or other jurisdictions, that you are on the Self-Exclusion List for the limited purpose of the proper administration of responsible gaming programs administered by GCB.
- F. You must choose one of the three following options in connection with the length of time your name must remain on the Self-Exclusion List: 18 months, 5 years or lifetime.
 - If you choose the 18 months or the 5 years option, you cannot request the removal of your name from the Self-Exclusion List until the period of your choice has elapsed from the date you submitted your Request Form.
 - If you choose the lifetime exclusion option, your name cannot be removed from the Self-Exclusion List.
 - To revoke the lifetime Self-exclusion, you must formally submit a request in writing to FMA of GCB. This is only possibly after 5 years from the date the Self-Exclusion takes effect.
 - When applying to revoke the Self-exclusion, GCB and FMA, as a condition of revoking the Self-Exclusion, will have a counselling meeting with you before granting your petition.



- G. It is your responsibility to refrain from gaming activities. GCB, FMA and the casinos are not liable for any acts or omissions in processing or enforcing your request for self- exclusion, including the failure to withhold your gaming privileges. However, if you are caught gambling at a casino, you will be subject to forfeiture of any winnings, including any chips, tokens, or electronic gaming device credits in your possession, and you will be escorted from the gaming floor. GCB, FMA and the casinos also are not liable for any acts or omissions in processing or enforcing any later request by you to be removed from the Self-Exclusion List.

- H. If you continue to display non-cooperative behavior inclusive but not limited to repeated attempts to breach your Self-Exclusion, FMA will contact you for counseling and may offer enrollment in a problem gambling program.



REQUEST FOR VOLUNTARY SELF-EXCLUSION FROM CASINO GAMBLING FORM

NOTE:

This form is to be completed by a person requesting self-exclusion from gaming activities in all casinos on the island of Curaçao. Your photograph and identifying information will be distributed to the appropriate casino personnel.

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

LAST NAME:			
FIRST NAME:			
MIDDLE NAME:			
OTHER NAMES:	<i>include maiden name, aliases, nicknames, or any other names</i>		
DATE OF BIRTH:	<i>DD/MM/YYYY</i>		
HEIGHT:	<i>CM</i>	WEIGHT:	<i>KG</i>
ID / PASSPORT NR:			
HOME TELEPHONE NR:			
WORK TELEPHONE NR:			
CELL NR:			
EMAIL ADDRESS:			
HOME ADDRESS:			
MAILING ADDRESS:	<i>(if different from home address)</i>		
P.O. BOX:	<i>(if applicable)</i>		
OTHER CHARACTERISTICS:	<i>e.g. other distinguishing physical characteristics</i>		
EXCLUSION PERIOD:	18 months / 5 years / lifetime <i>strike through what's not applicable</i>		

I certify that the information that I have provided herein is true and accurate.

APPLICANT'S SIGNATURE:

DATE:



WAIVER AND RELEASE

I hereby release and forever discharge the Curaçao Gaming Control Board, the Fundashon pa Maneho di Adikshon and all casino and simulcasting facility licensees and their respective employees and agents, from any liability to me and my heirs, administrators, executors, and assignees, from any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to this Request for Self-Exclusion, or my request for removal from the Self-Exclusion List including, but not limited to:

- 1) Its processing or enforcement;
- 2) The failure of a casino licensee to withhold gaming privileges from or to restore gaming privileges to me;
- 3) Permitting me to engage in gaming activity in a licensed casino or simulcasting facility while on the list of self-excluded persons; and
- 4) Disclosure of the information contained in the self-exclusion request or list, except for a willful-unlawful disclosure of such information.

I certify that I have read, understood and agreed to this Waiver and Release.

APPLICANT'S SIGNATURE:

DATE:



ACKNOWLEDGMENT

I am voluntarily requesting exclusion from all gaming activities in Curaçao-licensed casinos and simulcasting facilities because I am a problem gambler.

I certify that the information that I have provided above is true and accurate, and that I have read and understand and agree to the waiver and release included with this request for self-exclusion.

I am aware that my signature below authorizes the Curaçao Gaming Control Board (hereafter: GCB) and the Fundashon pa Maneho di Adikshon (hereafter: FMA) to direct all Curaçao casino licensees to restrict my gaming activities in accordance with this request and unless I have requested to be excluded for life, until such time as GCB or FMA remove my name from the Self-Exclusion List in response to my written request to terminate my voluntary self-exclusion.

I am aware and agree that during any period of self-exclusion, I shall not collect any winnings or recover any losses resulting from any gaming activity at all licensed casinos and simulcasting facilities, and that any money or thing of value obtained by me from, or owed to me by, a casino licensee, as a result of wagers made by me while on the Self-Exclusion List, shall be subject to forfeiture.

APPLICANT'S SIGNATURE:

DATE:

DD/MM/YYYY

DO NOT WRITE BELOW – FOR USE BY GCB OR FMA PERSONNEL ONLY

TYPE OF ID OFFERED:

I certify that the signature of the person requesting the suspension of their gaming privileges appears to agree with that contained on the above identification credentials, and any physical description or photograph of the person appears to agree with his or her actual appearance.

GCB OR FMA EMPLOYEE
SIGNATURE:

DATE:

DD/MM/YYYY

GCB OR FMA EMPLOYEE
NAME:

DATE INPUT IN SELF
EXCLUSION DATABASE:

DD/MM/YYYY

DATE INFO FORWARDED
TO CASINOS:

DD/MM/YYYY

DATE INFO FORWARDED
TO FMA/GCB:

DD/MM/YYYY



SELF-EXCLUSION PROGRAM CHECKLIST

Nr.	Description	Yes/No
1	Did you read and understand the Instructions and Request for Voluntary Self-Exclusion from Casino Gambling Form (Request Form)?	
2	Do you have any questions concerning the Instructions or Request Form?	
3	Do you understand that by requesting to be placed on the Self Exclusion List, you are acknowledging that you are a problem gambler?	
4	Do you understand that by signing the Request Form, you are authorizing all Curaçao-licensed casinos and simulcasting facilities to exclude you from all gaming activities?	
5	Do you understand that you have three options for your self-exclusion period: 18 months, five years or lifetime?	
6	Do you understand that if you choose the 18 months or the five years exclusion period, you will remain on the Self-Exclusion List until the chosen minimum self-exclusion time period has elapsed?	
7	Do you understand that you must appear in person at the Curaçao Gaming Control Board office to terminate your voluntary self-exclusion only after the chosen self-exclusion time period has elapsed?	
8	Do you understand that if you choose the lifetime exclusion option, you cannot be removed from the Self-Exclusion List until 5 years have passed from the date of submitting your self-exclusion request?	
9	Do you understand that your photograph will be taken and distributed to all Curaçao-licensed casinos and simulcasting facilities as part of your request for self-exclusion?	
10	Do you understand that if you gamble at any Curaçao licensed casino during any period of self-exclusion, you cannot collect your winnings or recover your losses?	
11	Do you understand that the Curaçao Gaming Control Board and their employees are not responsible for any act or failure to act relating to your self-exclusion?	
12	Do you understand that these questions are not meant to be a complete explanation of the Self-Exclusion Program and that a copy of the statute and regulations is being provided to you?	
13	Do you represent that you are not under duress or under the influence of any substance (e.g., alcohol, drugs or medication), and you do not have any condition that might impair your ability to understand the instructions and Request Form and this supplemental form?	
14	Do you have any questions about your request for self-exclusion?	
15	Do you understand that it is your personal responsibility, and not the responsibility of the Curaçao Gaming Control Board, or any on Curaçao-licensed casino or simulcasting facility, to stop you from entering a Curaçao-licensed casino or simulcasting facility?	

I acknowledge that a representative of the Curaçao Gaming Control Board or a representative of the Fundashon pa Maneho di Adikshon reviewed the above questions with me.

APPLICANT'S SIGNATURE:

DATE:

DD/MM/YYYY

GCB OR FMA EMPLOYEE
SIGNATURE:

DATE:

DD/MM/YYYY



HELP INFO!

How did you learn of the Self-Exclusion Program?

CONTACT INFORMATION FUNDASHON PA MANEHO DI ADIKSHON (FMA)

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fundashon
pa maneho di
adikshon