



SELF-EXCLUSION AGREEMENT

Account name:

Date:

First Name:

Last Name:

Address:

Email address:

Contact telephone no.:

I would like to be self-excluded from the **Golden Euro Casino**.

I request that my **Golden Euro Casino** account, as detailed above, be closed for a period of *(choose from below)*:

7 days 1 month 6 months Indefinitely Other _____

I understand that:

- ✓ This exclusion applies to the above account only.
- ✓ I need to contact other operators should I wish to be excluded from any accounts that I may hold with them.
- ✓ I can modify, revoke, withdraw or rescind my Self-Exclusion within 72 hours of the above date.
- ✓ My account will be reactivated on the expiry date and not before.
- ✓ If I choose to self exclude indefinitely no decision to reactivate will be made within 6 months of the exclusion date.

I understand that **Golden Euro Casino** will take all reasonable measures and use checking procedures available to them to support this exclusion but the responsibility remains with me to comply with this agreement. I release **Golden Euro Casino**, its Manager(s) and employees from any liability or claim in the event that I fail to comply with this voluntary exclusion or continue to gamble, or open new accounts with **Golden Euro Casino**, or other operators.

Signed:

Date:

Email: responsiblegaming@goldeneuro.com

Toll Free: +800 22 34 46 76