

Date:

SUSPENSION APPLICATION

Name/First Name..... Nat. DOB

Address:

Identity document* :..... No.

* Official photo ID according to Section 25(1) of the Austrian Gaming Act, as amended.

I request a **suspension** at all casinos¹ of Casinos Austria AG in Austria for the duration of

- 6 months 12 months indefinite (until cancelled)²

This suspension application shall become effective from the date on which it is made or the working day following receipt at the latest. The applicant states that the information provided is truthful and complete and undertakes to immediately notify Casinos Austria AG, Responsible Gaming & Compliance Casinos, Rennweg 44, A-1038 Vienna of any changes in information – e.g. name, nationality – in writing or by email to help@casinos.at.

Casinos Austria AG collects the personal data referred to on the form electronically in its capacity as controller and processes these data for implementation of the suspension. Processing is carried out on the basis of our legal obligations in the area of player protection (Article 6(1)(c) GDPR), on the basis of our legitimate interest under Article 6(1)(f) GDPR to suspend a guest at her/his request and, if applicable, on the basis of contract performance (Article 6(1)(b) GDPR). These data are subject to game secrecy and will be treated confidentially. More information on data processing can be found at casinos.at/datenschutz.

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Date	Signature of applicant

¹ For a list of casinos, see www.casinos.at

² The minimum duration of a suspension is six months.