

Date/Time:

Casino:.....

REQUEST FOR SELF-EXCLUSION

Last name/First name: DoB:

Nat.: ID:

Address:

ID:..... No.

I hereby request that I be **refused entry to** all casinos¹ operated by Casinos Austria AG in Austria for a period of:

- ☐ 6 (six) months
☐ 12 (twelve) months
☐ for an unlimited period (until revoked)²

The request for self-exclusion will be effective no later than the next business day after submission. The applicant declares that the information provided is accurate and complete, and agrees to inform Casinos Austria AG, Responsible Gaming & Compliance Casinos, Rennweg 44, 1038 Vienna, Austria or help@casinos.at of any changes to this information (e.g. change of name, nationality, etc.).

Casinos Austria AG electronically records the personal data stated on the form as the responsible party and processes them for the implementation of self-exclusion. The processing is carried out on the basis of our legal obligations in the area of player protection (Art. 6 para. 1 lit c DSGVO), on the basis of our legitimate interest pursuant to Art. 6 para. 1 lit f DSGVO to block guests upon their request and, if applicable, on the basis of the performance of the contract (Art. 6 para. 1 lit b DSGVO). This data is subject to the secrecy of the game and will of course be treated confidentially. Further information on data processing can be found at www.casinos.at/en/privacy-statement.

.....
Date.....
Signature of the applicant.....
Signature of the employee.....
Staff number¹ For a list of casinos, see casinos.at² The minimum self-exclusion period is 6 (six) months.