

SELF-EXCLUSION APPLICATION OF PLAYER

Color photo of the applicant, passport type (4x4 cm)

To: GLB GmbH
Fuchselbachstrasse 7, 4060/A
Leonding, Austria

Applicant details:

First name:	
Last name:	
Email address:	
Birth date (dd/mm/yy) or Estonian ID Code:	
Application date: (dd/mm/yy)	
Exclusion duration: (one choice)	<input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months
Exclusion from products:	<input type="checkbox"/> Sports betting <input type="checkbox"/> Casino <input type="checkbox"/> Poker

The undersigned requests for my exclusion from the above selected betting products for the above selected period of time and I acknowledge that this application is irrevocable. The effective exclusion date is set the date of the receipt of the answer from the company, to the above email address, stating the successful execution of this application.

A color copy of the Passport or the National ID card of the applicant is attached to this application.

The applicant

(Full name and signature)