

Request for Multi Venue Exclusion

THIS IS A REQUEST FOR SELF-EXCLUSION - ON RECEIPT OF THIS REQUEST THE VENUE MANAGER MUST PROMPTLY ISSUE AN EXCLUSION ORDER

I wish to identify myself as a problem gambler and request under Section 310 of the Gambling Act 2003 that an exclusion order be issued prohibiting me from entering the gambling area of the venue/s that I have identified. I give consent for my photo and any details supplied to be used for the purposes of identifying me, issuing, enforcing and managing my exclusion order/s, which may include the use of Facial Recognition Technology, and will be kept confidential within the Privacy Laws of NZ. I accept that statistics that do not identify me will be collected by health authorities and the Department of Internal Affairs for planning, evaluation of exclusion orders and for research.

I UNDERSTAND THESE ARE THE GENERAL CONDITIONS OF MY EXCLUSION

- An exclusion order will be effective as soon as the venue issues the order, for the period stated below and cannot be revoked
- The **gaming area** in a venue may be a defined, or it may be the whole venue
- If the excluded person is identified in the gambling area, they will be asked to leave and if they do not immediately comply, the Police may be called to remove them
- The excluded person commits an offence under the Gambling Act if they enter the gambling area of any venue they are excluded from, and can be fined up to **\$500**
- No **prize money** will be paid to an excluded person
- The licensed venue manager, or person acting on behalf of the venue manager, allowing an excluded person into their gambling area will have committed an offence subject to a maximum fine of up to **\$5,000**

EXCLUDED PERSON'S DETAILS

Mr/Mrs/Ms/Miss/Dr _____
(First name/s) (Surname)

Also Known as _____

Contact Address _____
(Street Address) (Suburb)

(City) (Postcode)

Phone Number _____
(Mobile) (Email)

Date of Birth _____ Ethnicity _____

Completed by
Staff only

Identified by (Type)* _____ ID No *: _____
(E.g. Driver Licence/Passport)

Sighted By: Name _____ Job Title _____ Signature _____

Additional Information _____

LENGTH OF EXCLUSION AND CONSENT

Please exclude me for a period of 3 6 9 12 18 24 months (Please ✓ one)
☐ ☐ ☐ ☐ ☐ ☐

Signature (Client) *: _____ Date *: _____

The Venue Manager will issue an exclusion order and return the problem gambler's copy to the **National MVE Administrator** at the following address:

NationalMVEAdmin@salvationarmy.org.nz

**National MVE Administrator, The Salvation Army, National Office ASARS, PO BOX: 24073,
Royal Oak, Auckland 1345 - Ph: 09 639 1106, Mob: 021190 7218**