

TAB QLD/TAS/SA/NT REVOCATION AND RE-ACTIVATION APPLICATION FORM

(for accounts within QLD, TAS and NT only)

Before you complete this application -

- You must seek assistance from a recognised state based gambling counsellor and that counsellor must produce a letter supporting your application to revoke your self-exclusion or have your account re-activated.
- You must have served your minimum self-exclusion period to have your account re-activated.
- It is your responsibility to seek any legal advice that you feel may be required before you complete this application.

My full name is[insert full name] and I am currently residing at[insert address].

My date of birth is[insert date of birth].

My contact telephone number is: [insert number].

1. I seek approval from Tabcorp to re-activate my Tabcorp account and re-commence gambling activities with Tabcorp following the expiration of my minimum period of self-exclusion.
2. In support of this application I attach the following documents:
 - a) A letter of assessment from a gambling counselling service provider;
 - b) Legal advice I have received (if any)
 - c) Supporting statements from immediate family members (this is not a requirement, but may assist Tabcorp in its assessment of your application for revocation.)
3. The reasons for lodging this application are:
[Applicant to set out here a statement of the circumstances leading to this application and the basis upon which the revocation application should be viewed favourably]

4. I understand that if this application is approved, I will be allowed to access my TAB QLD/TAS/SA/NT account on the condition that Tabcorp and/or its agents reserve the right to monitor my wagering activities.

I understand that the re-activation of my Tabcorp betting account is subject to all the terms in this application and, in particular, the following terms:

- I approve Tabcorp performing ongoing monitoring of all my wagering activities and if applicable, any wagering transactions made through my betting account.

- I approve Tabcorp sharing any personal information held by it about me, including details of my self-exclusion and this revocation application, with other betting providers that offer any betting services, both in Australia and overseas, in order to properly assess my application for revocation.
- I approve Tabcorp sharing any personal information held by it about me, including details of my self-exclusion and this revocation application with any government bodies as required.

Please sign here to ensure you have understood the above terms and conditions (if we receive your application and you have chosen not to sign here, your application will be rejected):

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5. I acknowledge that, should this application be approved, I will be releasing Tabcorp and its employees from any and all claims arising from any damage, injury or financial loss that I may suffer as a result of Tabcorp agreeing to revoke my self-excluded status.
6. I understand that Tabcorp will consider my application for revocation within 20 working days following receipt of my complete application. I understand that I must not attempt to engage in any internet betting activity with Tabcorp until I am notified in writing the outcome of my application.
7. I acknowledge that if Tabcorp approves my application for revocation, my participation in betting activities with Tabcorp:
 - must be performed in a manner that does not cause physical, emotional or financial distress to myself or my immediate family and that I must bet within my financial means;
 - that I am personally responsible for seeking problem gambling assistance should the need arise (either by accessing problem gambling information or arranging to see a gambling counsellor);
 - must be in accordance with Tabcorp's Responsible Wagering Code of Conduct and the terms of this agreement; and
 - must be in accordance with all QLD, TAS or NT Responsible Gambling requirements.
8. By submitting this application, it is not my intention to create any legal responsibility on Tabcorp and its employees and Tabcorp and its employees are not responsible for any financial loss that I incur through my betting activities.

Signed:

Print name:

Date:

Witness [print name]:

Witness signature:

Reviewed by Responsible Gambling Advisor

Date:

Decision: Approved Declined

Date applicant advised: