APPLICATION TO REVOKE PARTICIPATION IN THE TABCARE RETAIL SELF-EXCLUSION PROGRAM ("REVOCATION APPLICATION")				
Section 1: Personal Details				
Full name (middle name included)				
Date of Birth				
Address	Postcode			
Mobile Number	Home Number			
Email address				
Section 2: Reasons for requesting revocation				
These are reasons on why this revocation application should be accepted.				
☐ I have participated in gambling counselling by an approved gambling service provider (see section 3 for supporting evidence)☐ Provide reasons why you wish to return to gambling prior to your exclusion period being served:				
_ · · · · · · · · · · · · · · · · · · ·				
Section 3: Supporting Documents				
(You are required to seek assistance from a recognised NSW / VIC based gambling counsellor and produce a letter supporting your application along with any other supporting documents you would like to provide e.g. supporting statements from family/friends)				
Letter from a NSW/VIC gambling counselling service provider			□ Yes	□ No
Terms & Conditions				
In these Terms and Conditions, TAB means an Tabcorp entity that holds a wagering licence, including Tabcorp VIC Pty Ltd and				
TAB Limited. By completing and submitting this Revocation Application, I understand and agree that:				
 I am seeking approval to re-commence the use of wagering services offered by TAB both online and in retail venues. 				
2. By submitting this Revocation Application, TAB does not guarantee that my participation in gambling activities will be				
reinstated. 3. TAB will consider my Revocation Application and aim to provide a written response within 20 working days following				
receipt of this Revocation Application.				
 I will not attend any TAB Agency and/or Licensed Venue or engage in any gambling activity with TAB (including internet and telephone betting) until I am notified in writing of the outcome of my Revocation Application. 				
5. To the extent permitted by law, TAB is not liable for any loss, damage, injury including but not limited to, direct,				
consequential or indirect, for any act or omission by TAB, its employees or agents in connection with this Revocation				
Application.				
By submitting this form, I am consenting to TAB collecting, using and disclosing my personal information (including sensitive information about my gambling habits) as set out in this form and TAB's Privacy Policy.				
PRIVACY AND THE INFORMATION YOU PROVIDE TO TABCORP				
To apply to revoke your participation in TAB's TABcare program, you must provide us with your personal information. This may also				
include your sensitive information, such as your gambling habits. If you do not consent to TAB collecting this information, you must				
not share it with us. However, if you do not share this information with us we may not be able to consider your application for revocation from the TABcare program.				
As part of processing your application for revocation, TAB may disclose details of your self-exclusion application and this revocation application (including your sensitive information), to internal Tabcorp entities, both in Australia and overseas. TAB may also				
disclose information contained in this application if it is required to do so by law.				
TAB's Privacy Policy, located at www.tabcorp.com.au/privacy , describes how it handles your personal information, including how it				
keep its secure. If you wish to understand more about this you can read the Privacy Policy or email privacy@tabcorp.com.au .				
Declaration				
I have read and agree to the Terms and Conditions of the Revocation			□ Yes	□ No
The information and supporting documents provided as part of this Revocation Application are true and correct.		□ Yes	□ No	

Further Information

Signature

Email your completed Revocation Application to <u>TABCare@tabcorp.com.au</u>, or post to C/O Tabcorp GPO Box 4168 Sydney NSW 2001.

For more information or assistance with completing the Revocation Application, see the FAQ's at our Safer Gambling site https://responsiblegambling.tab.com.au/help#Tab-agencies-and-licensed-venue-exclusions, or contact our TABCare team on the email noted above, or call **1800 882 876**

Date