DECLARATION OF SELF-EXCLUSION FROM GAMING SERVICES

With my signature I,	·	, born on
in	(name and surname)	(day, month and year of birth), with permanent or temporary residence at
	(place of birth)	
	(street, number, city	r, state)
personal document		no,
	(type – identity card, passport, driving license	e or other document) (number of identity document)
Republic of Slovenia	n No 14/11 – official consolidated text m gaming services in the territory of	9 of the Gaming Act (Official Gazette of the $(x, 108/12, 11/14 - amended and 40/14 - ZIN-16) the Republic of Slovenia for the period from$
I as an adult signato	ory of this self-exclusion declaration w	vith my handwritten signature also
	DECLARE	,
that I have been wa	rned of the consequences of self-exc	elusion:
	e-exclusion applies throughout the terr international treaty, even on the territo	ritory of the Republic of Slovenia and in case of ory of other states;
self-exclusion myself the maximum th	on I cannot submit any other declarati term of self-exclusion within the state aree years;	sion and that until the expiration of the period of ion of self-exclusion and that I have determined utory range from a minimum of six months to
of chance to		I shall be forbidden from participating in games alls, as well as in online casinos, organized by aming Act;
declaration declaration chance in a	and that the supervisory body no lated sends it to all the companies which	no later than the next day of my self-exclusion r than the next business day after the receipt of hold the concession for organizing games of the companies which organize games of chance the Gaming Act;
of this decla		personal data, which relate to the enforcement ions of the Personal Data Protection Law, and proses of Article 9 of the Gaming Act;
	that I have been warned about gambling addiction and that I have received all the information of how to request professional help in this regard;	
	that in order to prevent addiction to gambling, the supervisory body keeps my data on self-exclusion in a database of players who made the self-exclusion declaration;	
	mmediately inform the supervisory be the self-exclusion declaration;	ody of any changes to the information I have
supervisory	body once a year collects information by the body once a year collects information by the database of	alidity of this self-exclusion declaration, the on on any change of permanent or temporary f players who have made the self-exclusion
□ YES □ N	O (Indicate appropriately).	
Place, date and tim	ne:	, 201_ at am/pm
	O!	turo:

NOTE: Please enter all information legibly and in capital letters!

ZAZNAMEK:

Podpisani	, za	aposlen na delovnem mestu
(ime in priimel	k)	
		pri gospodarski družbi
(naziv delovnega	mesta)	
(navedi)		
na podlagi		
□ osebne izkaznice,		
□ potnega lista,□ vozniškega dovoljenja		
□ drug dokument		
(označi !)	(vrsta dokumenta)	,
potrjujem istovetnost osebe, ki je podal	a izjavo o samoprepovedi.	
Kraj, datum in čas:	,201_ ob u	ri
	Podpis:	