



National Self Exclusion Premises Notification – SE2

Please read this agreement carefully before completing and signing it.

Please complete this section

Title: Mr/Mrs/Miss/Ms (delete as appropriate) Date of birth: / /

First name(s): Contact telephone number:

Family name: Email address:

I understand that this document forms part of my Self Exclusion Agreement and that once completed I need to take forms SE1, SE2 and SE3 to any 'Count Me Out' member's premises or to a designated, responsible person along with two recent colour photographs and a form of photo ID. I accept that I am not allowed to modify, revoke or rescind my self-exclusion prior to the expiry of this agreement. I understand that my self-exclusion will include 'Count Me Out' member's premises that join the scheme after the commencement of this agreement. I understand that I can identify a 'Count Me Out' members premises by the logo (top left) and that I can obtain an upto date members list by visiting www.countmeout.org.uk. I agree to the information on this form being held on the N.S.E.P. CIC central database and for the information to be shared with 'Count Me Out' Members

Signed (Excluded person) Print Name Date

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IF YOU HAVE DOWNLOADED THIS FORM PLEASE ENSURE YOU COMPLETE **3 COPIES** EACH OF FORMS SE1, SE2 & SE3

I wish to exclude myself from ALL 'COUNT ME OUT' Members premises and services [] tick box

I wish to be excluded from ALL 'COUNT ME OUT' Members premises in the sectors marked with an X or named below:

Sector	Town (write name)	County (write name)	UK wide (mark with an X)
Casino			
LBOs			
Bingos			
Family Arcades (FEC's)			
Adult gaming centres			
Racecourses			
Greyhound tracks			
Public houses			

I wish to exclude myself from ALL REMOTE GAMING SITES that are part of the 'Count Me Out' scheme [] tick box

Please complete Remote Gaming Section of form SE3.

I wish to exclude myself from ALL TELEPHONE BETTING SERVICES that are part of the 'Count Me Out' scheme [] tick box

Please complete Telephone Betting Section of form SE3.

I only wish to be excluded from the following named National Self Exclusion Program 'Count Me Out' premises:

- Name: Address:
Town/city: Post code if known:
- Name: Address:
Town/city: Post code if known:
- Name: Address:
Town/city: Post code if known:
- Name: Address:
Town/city: Post code if known:

COUNT ME OUT MEMBERS AND DESIGNATED PERSONS PLEASE FAX COMPLETED FORM TO 01502 531988.

Please follow the instructions on page 2 of the downloaded form SE1.