Schedule "M"



COMPREHENSIVE SELF-EXCLUSION REQUEST

_____, understand and read the English language or have had an

(Please print your name legibly) interpreter read and explain this form	to me.
By signing this form, I am voluntarily requesting that, effective immediately, I be excluded from all gaming activities on all interactive gaming sites that are licensed and regulated by the Kahnawake Gaming Commission. For the purposes of my voluntary self-exclusion, I have willingly provided to the Commission personal information and identification requested below (the "personal information") and I agree that this personal information may be distributed to all interactive gaming sites that are licensed and regulated by the Commission. I certify that the personal information that I have provided is complete, true and accurate. I understand and agree that my voluntary self-exclusion to be permanent and irrevocable.	
DATED thisday of	, 20,
Player signature PERSONAL INFORMATION: PLEASE PRINT LEGIBLY Name:	
Home address: (Street, City, State/Province, Country)	
Email Address(es):(list all email addresses used to open accounts	s with interactive gaming sites)
Telephone Number:	
Best Time to Call:	
Primary Site Name:	
Primary User Name:	
Secondary Site Name:	
Secondary User Name:	

IMPORTANT: Please scan and email a copy of valid government identification (eg. driver's licence or passport) to exclusion@gamingcommission.ca or fax to: +1 (450) 635-1139.