



This is Schedule "K" to the Regulations concerning Poker Rooms
COMPREHENSIVE SELF-EXCLUSION REQUEST (ENGLISH)

I, _____, understand and read the English language or have had an interpreter read and explain this form to me. *Je comprends que je peux obtenir une version française de ce formulaire, à la demande.*

By signing this form, I am voluntarily requesting that I be excluded from all gaming activities at all Land Based Gaming Facilities that are licensed and regulated by the Kahnawake Gaming Commission. I understand that "Land Based Gaming Facilities" includes both poker rooms and EGD Facilities. I understand that my request for voluntary self-exclusion will take effect immediately in the Land Based Gaming Facility that receives my request and will take effect within twenty-four (24) hours in other licensed Land Based Gaming Facilities within Kahnawake. _____ **** (Requestor's initials)**** ←

For the purposes of my voluntary self-exclusion, I have willingly provided the personal information and two (2) forms of government issued identification (attached hereto) and have agreed to have my picture taken (attached hereto) and distributed to the Commission and to all Land Based Gaming Facilities licensed and regulated by the Commission. I certify that the information that I have provided is complete, true and accurate.

I understand and agree that my voluntary self-exclusion will be effective from the date of this Comprehensive Self-Exclusion Request and that the length of time that I will be self-excluded is determined as follows:

- **FIRST REQUEST:** EXCLUDED FOR NOT LESS THAN **SIX (6) MONTHS** OR SUCH LONGER PERIOD OF TIME, NAMELY _____
- **SECOND AND ALL SUBSEQUENT REQUESTS:** EXCLUDED FOR NOT LESS THAN **TWO (2) YEARS** OR SUCH LONGER PERIOD OF TIME, NAMELY _____

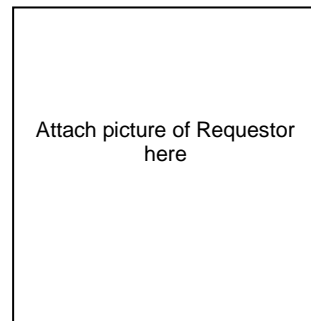
I also understand and agree that my voluntary self-exclusion does not terminate automatically. After the appropriate period of time has passed, as set out above, I may request that the Commission terminate my voluntary self-exclusion by submitting a Request to Revoke – Schedule "I" to the Regulations. I will only be allowed to resume gaming activities in any Land Based Gaming Facility when and if my request is approved by the Commission. **NOTE THAT IF YOU REQUEST TO BE SELF-EXCLUDED "PERMANENTLY", THE COMMISSION WILL NOT CONSIDER OR GRANT A REQUEST TO REVOKE.** _____ **** (Requestor's initials)**** ←

I also understand and agree that, for so long as my voluntary self-exclusion remains in effect, I am not permitted to access the approved gaming area of any Land Based Gaming Facility licensed and regulated by the Commission. I also understand and agree that the management and staff of any Land Based Gaming Facility must prevent me from accessing, or remove me from, the approved gaming area of a Land Based Gaming Facility and I agree that they may take any reasonable measures to do so.

DATED this ___ day of _____, 20___,

Requestor's signature Witness

Print name of Requestor Print name of Witness



To be completed by Land Based Gaming Facility Management

I, _____, certify that I witnessed the above signature of the Requestor requesting voluntary self-exclusion and further certify that the Requestor has signed this request willingly and with full knowledge of its content. A photograph of the Requestor as well as a photocopy of a government issued ID has been obtained from the Requestor and will accompany this request when it is submitted to the Commission.

Signature of Manager on Duty



PERSONAL INFORMATION

This form is to be completed by a Requestor requesting to be voluntarily self-excluded from gaming activities held in all Land Based Gaming Facilities licensed by the Kahnawake Gaming Commission. All information contained on this form is confidential and will only be shared with the Kahnawake Gaming Commission and other Land Based Gaming Facilities licensed by the Kahnawake Gaming Commission.

1. NAME: _____

2. DO YOU USE ANY OTHER NAME OR NAMES? YES NO

IF YES, LIST THE ADDITIONAL NAME(S) BELOW:

3. HOME ADDRESS:

NUMBER AND STREET

APT#

CITY

PROVINCE

POSTAL CODE

4. HOME TELEPHONE NUMBER: _____

CELLULAR TELEPHONE NUMBER: _____

5. REQUESTOR ID #:

6. DATE OF BIRTH: _____ / _____ / _____

DAY

MONTH

YEAR

7. GENDER: (M) MALE
 (F) FEMALE

8. EYE COLOUR _____ HAIR COLOUR _____

9. IDENTIFYING MARKS OR TATTOOS:

10. TWO (2) FORMS OF GOVERNMENT-ISSUED IDENTIFICATION (PHOTOCOPIES ATTACHED):
