

Schedule "M"



COMPREHENSIVE SELF-EXCLUSION REQUEST

I, _____, 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**.

I understand and agree that after the time and date that my voluntary self-exclusion is effective, I am prohibited from accessing, opening an account, depositing/withdrawing funds or playing on any interactive gaming site that is licensed and regulated by the Commission. **I understand and agree that if I breach this prohibition, any funds that I deposit and/or win will be forfeited to a third-party charity selected by the Commission.**

DATED this ____ day of _____, 20____,

Player signature

PERSONAL INFORMATION: PLEASE PRINT LEGIBLY

Name: _____ **Birthdate (Y/M/D):** _____

Home address:

Street/Apt. #: _____

City: _____

State/Province/Region: _____

Country: _____ **Postal/Country Code:** _____

Email Address (es): _____

(list all email addresses used to open accounts with interactive gaming sites)

Telephone Number: _____ **Best Time to Call:** _____

Primary Site Name: _____ **Primary Username:** _____

Secondary Site Name: _____ **Secondary Username:** _____

IMPORTANT: Please send a copy of Valid Government Identification (eg. driver's licence or passport) by email to: exclusion@gamingcommission.ca or by fax to: +1 (450) 635-1139.