**SELF EXCLUSION FORM**

We are aware that members, for personal reasons, may wish to exclude themselves from the St Nicholas Hospice Care Lottery.

St Nicholas Hospice Care Lottery is able to help members do this at any time. Just complete the form below, print it out and send it to the Lottery Office, PO Box 219, Bury St Edmunds IP33 3PF.

The Lottery Officer will then contact you and explain our procedure for self exclusion and obtain your final authorisation. There will be no need to discuss your reasons for self excluding.

Members wishing to self exclude themselves from St Nicholas Hospice Care Lottery will be unable to rejoin or receive any correspondence for a minimum of six months. This period can be increased if necessary.

If you are currently paying by standing order you also need to cancel this by contacting your bank.

Any monies outstanding on the St Nicholas Hospice Care Lottery account will be refunded to you within two weeks of receiving authorisation for self exclusion.

**Title ……………………………………**

**First Name ……………………………………**

**Surname ……………………………………**

**Lottery**

**Membership No ……………………………………**

**Address …………………………………………………………………………..**

 **…………………………………………………………………………..**

 **…………………………………………………………………………..**

**Post Code …………………………………….**

**Tel No …………………………………….**

**Email …………………………………….**

**I hereby request St Nicholas Hospice Care Lottery to exclude me from any further draws which will take place over the next six months.**

**Signed ……………………………………...**