## CHSW Lottery and Raffle self-exclusion form



Simply complete the form below in BLOCK CAPITALS and return to:

Children's Hospices South West Lottery, Little Bridge House, Redlands Road, Fremington, Barnstaple EX31 2PZ

I request that I am refused entry to the CHSW Lottery and Raffle for a period of six months from the date of signing and acknowledge I am not allowed to rescind my self exclusion during this period. At the end of six months, this agreement may be extended for a further period of six months or up to five years. I will be contacted by telephone or in person by the Lottery Manager before being allowed to return to the CHSW Lottery or Raffle and must abide by a one day cooling off period.

n Great Britain
Surname:
Date of birth:
Postcode:
Daytime tel no:
ference to short and ou. If you change your
nank you Telephone: 🗌 Yes please 🔲 No thank you
atabase(s) and we will only use your personal information or details with third parties for marketing purposes without licy www.chsw.org.uk/privacy or call 01271 325 270 usion and am identified by a member of staff, I will be
acknowledge that the promoter, its employees or agents lities provided
Date:
Date:



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A minimum of 70% of the proceeds of the CHSW Lottery and CHSW Raffle goes directly to CHSW and the care provided.

Devon EX31 2PZ, 01271 313 311, lottery@chsw.org.uk. Responsible person: Stephanie Charles.

Full T&Cs can be found at www.chsw.org.uk/lotteryraffleterms