

MUTABOR D.O.O.
Savska cesta 153
10 000 Zagreb

**APPLICATION FOR SELF-EXCLUSION
OR RESTRICTING BET**

Please fill in the following information clearly:

NAME: _____

SURNAME: _____

GENDER : _____

ADDRESS : _____

TOWN AND POST OFFICE NUMBER : _____

NUMBER OF ID CARD AND PLACE OF LIVING: _____

DATE OF BIRTH : _____

OIB : _____

PHONE NUMBER : _____

E-MAIL : _____

The application must be accompanied by a copy of the identity card.

1) I _____

I declare that I have a problem with the control of the impulse to gamble and voluntarily request that the Organizer, Mutabor d.o.o., deny me access to gambling on the slot machines. With my signature on this Request, I authorize the Organizer, Mutabor d.o.o. to include me in the list of persons who have requested self-exclusion, ie limitation of bet or / and profits, for the period from and for the amount of:

SELF-EXCLUSION:

- 1) One month
- 2) Three months
- 3) Six months
- 4) One year
- 5) Five years

BET LIMIT:

- a) daily limit in the amount of: _____
- b) monthly limit in the amount of: _____
- c) annual limit in the amount of: _____

LOSS LIMIT:

- a) Daily limit in the amount of: _____
- b) Monthly limit in the amount of: _____
- c) Annual limit in the amount of: _____

Please round the desired option.

2) I further declare that I have understood and accepted the following terms and limitations of self-exclusion, and that I agree to the following:

- This exclusion applies only to games of chance on slot machines
- I agree that the staff of the Organizer take all necessary steps to prevent me from gambling.
- I am responsible for any involvement in gambling on appliances that contradicts this Request, and I accept all responsibility
- I agree that neither the Organizer nor any employee of the Organizer is responsible for my actions contrary to this Request, and that I assume all responsibility personally.
- I agree that neither the Organizer nor its employees bear any responsibility for loss of profits or any other consequence arising from this claim or its breach.
- This statement disclaims any claim for damages from the Organizer or any of its employees in the event of failure to comply with this Request or the eventual consequences of its fulfillment.
- I decline to challenge this Statement for any reason, as well as to invalidate it.
- I agree that self-exclusion is irrevocable until the expiration of the period indicated.
- By signing this request, I consent to the use of my personal information for the purpose of accomplishing this request and its implementation, which includes the transfer of my personal data to third parties who are authorized to act on the request and maintain the necessary records.

DATE: _____

TOWN: _____

SIGNATURE

/NAME AND SURNAME/

The form must be deliver to: Mutabor doo, Savska cesta 153, 10 000 Zagreb, or submitted in person to the Organizer, Mutabor doo undertakes not to misuse the personal data contained in the Application and, except in cases prescribed by the Law, will not provide it to third parties. In case of any change of personal data in the Request, the applicant is obliged to inform the Organizer without delay, in order to enable the procedure to be carried out.