



Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No:
Date of Birth (dd/mm/yyyy):	FIN No:
Nationality:	Gender:
	Male / Female
Type of Pass:	
<input type="checkbox"/> Work Permit <input type="checkbox"/> Employment Pass <input type="checkbox"/> Student Pass <input type="checkbox"/> Work Permit (FDW) <input type="checkbox"/> S Pass <input type="checkbox"/> Others (Please Specify) <input type="checkbox"/> Long Term Visit Pass <input type="checkbox"/> Dependant's Pass _____	
Contact Information:	
Block / House No:	Floor / Unit
Street	Building Name
Postal Code:	
Contact Number:	Email Address:

*All fields are compulsory, unless not available



Declaration for Applicant (Please Tick)

- I fully understand the content and purpose of this Casino Self-Exclusion application, and that the effect of this application is that I will be excluded from entering the casinos in Singapore. I further understand that this exclusion shall take effect immediately upon my submission of this application to the National Council on Problem Gambling. I am also fully aware that if I choose to enter or remain on the Casino premises after submitting the application and take part in any gaming activities, any winnings paid or payable to me shall be forfeited, and I will not be able to lay any claim to the said winnings.
- I declare that this application is made voluntarily, without any force or coercion or under any duress.
- I understand that my application for Self-Exclusion will stay in force for at least 1 year, unless I apply for cessation from NCPG. I also understand that NCPG will provide my name and particulars to the relevant agencies and organizations under Section 165A of the Casino Control Act to inform them of my Self-Exclusion.
- I declare that the information provided by me in this application is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or do not believe to be true.

Signature

Date

PLEASE COMPLETE AND SEND THIS FORM BY HAND OR BY REGISTERED MAIL TO:

**THE NATIONAL COUNCIL ON PROBLEM GAMBLING
510 THOMSON ROAD
#12-05/06
SLF BUILDING
SINGAPORE 298135**

For Administrative Use only		
	Date / Time	Signature
Received by:		
Processed by:		