

Application for Removal from the Gambling Self-Exclusion List

You may submit this application after the expiry of the time period specified in the Application for Placement on the Gambling Self-Exclusion List.

First name

please complete in block letters

Family name

please complete in block letters

Estonian personal
ID number

Date of birth

complete if no Estonian
personal ID number exists

____ . ____ . ____

day month year

Please remove my self-exclusion from playing

(tick at least one box)

game of chance

lottery

toto (sports betting).

date

signature