



Application form for lifting a gambling exclusion

pursuant
Gambling exclusion Art. 80 (1 lit. a and b) / (2) BGS
Gambling self-exclusion Art. 80 (5) BGS
Lift of the gambling exclusion Art. 81 (1 – 3) BGS

Dear Ladies and Gentlemen

With this form I ask you to lift my ban on gambling for all Swiss casinos.

Applicant

Last Name: First Name:

Street: Zip Code/City:

Date of Birth: Phone:

Type of gambling exclusion:

☐ self-exclusion (Art. 80 (5) BGS)

☐ exclusion (Art. 80 (1 lit. a und b) / (2) BGS)

Ban displayed at:

Day: Month: Year:

Number of suspension requests:

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th request

Date:

Signature:

Please send the filled form inclusive a copy of your identification card to the casino which registered your gambling ban.

Grand Casino Baden AG
Sozialkonzept
Haselstrasse 2
5400 Baden

After receipt we will contact you as fast as possible. If you have any questions don't hesitate to contact us about support@jackpots.ch or call us under 056 204 07 07.

provided by

