



Request for Removal from Voluntary US Self-Exclusion List

I acknowledge that I have read the following instructions to Request Removal from the William Hill US Voluntary Self-Exclusion List, carefully.

I acknowledge that I am submitting a William Hill Self Exclusion Removal Form after my Voluntary Self-Exclusion period of 12-months has expired.

By signing and submitting the Removal Form, I am removing my name from the Self-Exclusion List and authorize William Hill to permit all US sports books to reinstate my betting privileges. I understand that if I am not able to exclude in person, I must submit the original completed and notarized Removal Form by mailing it to:

William Hill
Attention – Head of Responsible Gaming
6325 S. Rainbow Boulevard, Suite 100
Las Vegas, NV
89118

I understand that if I submit my Removal Form in person, I must present a valid, government-issued form of photo identification. Without proper identification, I may not submit my Removal Form.

William Hill has 30 business days from the receipt of my Removal Form to delete my name from the Self-Exclusion List and notify all its properties of such removal. Consequently, I may be denied betting privileges from the time I submit my Removal Form until William Hill's Self-Exclusion list is updated.



PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

LAST NAME (and Jr./Sr., if any)

FIRST NAME

MIDDLE

DATE OF BIRTH (Month, Day, Year)

Height

Weight

SOCIAL SECURITY NUMBER

Home Telephone Number with Area Code

Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code (Optional)

E-Mail Address

HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code)

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code)

Have you been known by any other name(s)?

Yes

No

If YES, list the additional name(s) below and specify dates of use for each (Include maiden name, aliases, nicknames, or any other names).

ACKNOWLEDGMENT

I certify that the information that I have provided above is true and accurate. I am aware that my signature below constitutes a revocation of my previous request for self-exclusion, and I authorize William Hill to permit all US Sports Books to reinstate my sports betting privileges.

Applicant's Signature: _____

Date: _____

DO NOT WRITE BELOW – FOR WILLIAM HILL PERSONNEL USE ONLY

Date of Self-Exclusion: _____

Type of I.D. Offered: _____

I certify that the signature of the person requesting removal from the Self-Exclusion List appears to agree with that contained on the identification credentials provided, and any physical description or photograph of the person appears to agree with his/her actual appearance.

William Hill Employee: _____

Date: _____

Forwarded to Corporate: _____
Date

William Hill Employee