











## SELF-EXCLUSION ENROLMENT FORM

Applications must be accompanied with a recent photo:

Please attach a recent photo here\*

First Name*				
Middle Names				
Family Name*				
Title* (e.g. MR/MRS/MS/DR)				
Is The Person K By Any Other N				
Membership No.				
Date Of Birth* (DD/MM/YYYY)		/	/	
Sex* (please tick)	Male		Female	
Nationality*				
Address*				
Post Code*				
Country*				
Telephone				
Mobile				
Email Address				
Date*				
Enrolee Signatu (if yes please enter the full alternative name)	re*			

## FOR INTERNAL USE ONLY

Manager Name* (pml holder)		
Date Submitted For P	processing*	
Comments		
Manager Signature*		
(Staff) I Confirm That I Exclusion Form (please tick)	Have Explained The Self	
(Staff) I Confirm I Have (please tick)	e Verified The Identity Of The Person	
Customer Has Elected To (please tick)	o Be Enrolled On The Sense Scheme	
	Septimes -	

## A Copy Of This Form Should Be Offered To The Enrolee Fields Marked With A $^*$ Are Mandatory











