

SENATOR

Adria casino d.o.o.

Dubečka 1

10040 Zagreb

Croatia

www.senator.hr

Please complete legibly the **Self-exclusion request form**:

Name	Surname
Date of birth	Gender (please encircle) M F
Address	
City and postal code	Identity card number and place of issuance
Contact phone	Contact e-mail address

Please attach a copy of your Identity Card to the Request.

1.) I, _____, do hereby declare that I have a problem controlling my impulse to play games of chance and voluntarily ask that the Organizer, Adria casino d.o.o., prevent me from accessing its online games of chance. By signing this Request, I authorize Adria casino d.o.o. as the Organizer to include me in its list of persons who have requested a self-exclusion for a period of:

- 1.) Three months
- 2.) Six months
- 3.) One year

Please encircle an option!

2.) I understand, accept and agree to the following terms and conditions of my self-exclusion:

- This self-exclusion applies to all online games of chance organized by the Organizer.
- I agree that Organizer's employee may take any action necessary to prevent me from accessing online games of chance.
- I am responsible for my involvement in online games of chance in violation of this Request and take full responsibility to that effect.
- I accept that neither Adria casino d.o.o. nor its employees will be held liable for any lost profits or any other consequence resulting from the prohibition from accessing games of chance as a result of my Self-Exclusion Request.

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- I hereby waive any right to assert liability on the part of Adria casino d.o.o. or its employees for their failure to grant this Request or any consequences of its granting.
- I accept that I shall not challenge or question or dispute my declarations provided in this Request.
- I accept that this self-exclusion shall remain in effect up to the expiry date of the period indicated or until revoked by me.
- By signing below, I agree and specifically declare that I have voluntarily made my personal data appearing in this document available to Adria casino d.o.o. and that I permit it to use them for the purpose of processing and implementing this Request.

This includes forwarding my personal data to third parties responsible for processing this Request.

I specifically permit Adria casino d.o.o. to use my personal data in its records. I agree that Adria casino d.o.o. may, subject to the foregoing terms and conditions, may use my personal data during the self-exclusion period indicated in this Request.

DATE: _____

PLACE: _____

PERSONAL SIGNATURE:

Adria casino d.o.o. will not abuse any personal data contained in this Request and will not make them available to third parties unless required by law to make them available.

All employees and business partners of Adria casino d.o.o, are responsible for respecting and protecting our customers' privacy.

In case any personal data contained in this Request change, the submitter of the Request must notify Adria casino d.o.o. to allow it to update the relevant particulars appearing in this Request.

Adria casino d.o.o. undertakes to retain such personal data for the self-exclusion period indicated by the submitter of this Request.

Please send this form, legibly completed and including a copy of your Identity Card via e-mail to dokumenti@senator.hr or to our address:

Adria casino d.o.o.

Dubečka 1

10040 Zagreb

The self-exclusion procedure and all obligations of Adria casino d.o.o. as the Organizer shall take effect as of the date the documents required to be submitted and confirmed within 3 days by the submitter of this Request are received.