



IPF Entertainment Self-Exclusion Form

Confidential – For Internal Use Only

Player Information

Field	Details
Full Name	_____
Date of Birth	____ / ____ / _____
Phone Number	_____
Email Address	_____
Government-Issued ID Type/Number	_____
Address	_____ _____

Exclusion Request

I hereby request to be excluded from participating in all poker tournaments hosted or operated by **IPF Entertainment Limited** for the period selected below:

- ☐ 3 Months
- ☐ 6 Months
- ☐ 1 Year
- ☐ 5 Years
- ☐ Permanent

Acknowledgment and Agreement

Please read and check all boxes:

- ☐ I understand that by submitting this form, I am voluntarily excluding myself from all poker tournaments at IPF Entertainment Limited
- ☐ I acknowledge that I may not revoke this request during the selected exclusion period.
- ☐ I understand that while IPF Entertainment Limited will take reasonable steps to prevent my participation, I am ultimately responsible for complying with my self-exclusion.

☐ I agree not to attempt to register or participate in any poker tournaments during my exclusion period.

☐ I understand that all information provided will be kept confidential.

Signature

Player Signature: _____

Date: ____ / ____ / _____

Office Use Only

Field	Details
Staff Member Receiving Form	_____
ID Verified (<input type="checkbox"/> Yes / <input type="checkbox"/> No)	Verified by: _____
Date Processed	____ / ____ / _____
Exclusion Start Date	____ / ____ / _____
Exclusion End Date	____ / ____ / _____ (if applicable)