

FO Application to Lift Gambling Ban

in accordance with Article 81(1) to (3) of the Swiss Gambling Act (Geldspielgesetz - BGS)

I hereby request that my gambling suspension be lifted.

Applicant

Last name	First name			
Street	Postcode, town/city			
Date of birth	Telephone number			
Gambling suspension imposed on (if known)				
Type of gambling suspension		□ Voluntary	□ Mandated	
Date	Signature			

Please send the completed application along with a copy of a valid identity document (passport, ID card, Swiss driving licence, foreign national identity card) to the following address:

Grand Casino Kursaal Bern AG Social Responsibility Policy Department Kornhausstrasse 3 3000 Bern 22

We will contact you as soon as possible once we have received the application.

Enclosures (see Information Sheet on Lifting a Gambling Ban)

- \Box A valid ID copy.
- $\hfill\square$ An extract from the debt enforcement register, not older than one month.
- □ Bank statements for the previous three months.
- \Box Proof of current income.
- □ Proof of rent and health insurance payments for the last three months.
- □ Written consent declaration including a valid ID copy of the partner or the financial supporter.
- □ Proof of the current income of the financial supporter.
- \Box Any evidence of assets.
- □ Other