



The Fitzpatricks Casino Group

Limerick

1 Pery Square Limerick City,
Co. Limerick, Ireland

Tallaght

The Plaza Complex, Belgard Road,
Tallaght, Dublin 24, Ireland

Dun Laoghaire

94 Lower Georges Street,
Dun Laoghaire, County Dublin, Ireland.

Tel: 01 462 6590 | Fax: 01 420 3765

Web: www.fitzpatrickscasino.com

CASINO SELF-EXCLUSION APPLICATION FORM

PLEASE USE BLOCK CAPITALS

Personal Particulars	
Name (as in Passport)	Passport No:
Date of Birth (dd/mm/yyyy):	FIN No:
Nationality:	Gender:
	Male / Female
Type of Pass:	
<input type="checkbox"/> Work Permit <input type="checkbox"/> Employment Pass <input type="checkbox"/> Student Pass <input type="checkbox"/> Work Permit (FDW) <input type="checkbox"/> S Pass <input type="checkbox"/> Others (Please Specify) <input type="checkbox"/> Long Term Visit Pass <input type="checkbox"/> Dependant's Pass _____	
Type of Industry	
Contact Information:	
Block / House No:	Floor / Unit
Street	Building Name
Postal Code:	
Contact Number:	Email: (if available)



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Declaration (for Applicant)

- ☐ I fully understand the content and purpose of this Casino Self-Exclusion application, and that the effect of this application is that I will be excluded from entering the casinos of The Fitzpatrick's Casino Group ROI,
- ☐ I declare that this application is made voluntarily, without any force or coercion or under any duress.
- ☐ I understand that my application for Self-Exclusion will stay in force for at least 1 unless others stated Below.
- ☐ I declare that the information provided by me in this application is true and correct and I furnish the information knowing that I may be liable to criminal persecution if I have stated any information that I know to be false or do not believe to be true.

I declare that If I do enter of my own accord under false documentation or as a guest that I am in breach of this agreement and can be criminally convicted of providing fraudulent documentation.

I agree under no circumstances that I will hold the Fitzpatrick's Casino Group accountable for me trying to enter any of their locations after signing this exclusion agreement.

I agree that by entering any of the Fitzpatrick's Groups Casinos after signing this document whilst still In force I will be trespassing.

I agree that in the event I do wish to return to one of Fitzpatrick's Casinos I will put this in writing and make a formal application for approval. Note we always have the right to refuse permission.

I agree fully by signing this Self-Exclusion Application Form that I accept all of its terms herein

Exclusion Period:

3 Months

☐

6 Months

☐

1 Year

☐

Life Time Ban

☐

Signed by Casino Member

Witness by Member of Staff

Members number

Date