



Information notice – exclusion direction

Office of Liquor and Gaming Regulation (OLGR)

Office use only

Exclusion reference number:

Player loyalty number or equivalent:

This form combines Approved Form 26I under the *Casino Control Act 1982*, Form 72I under the *Gaming Machine Act 1991*, Form 35I under the *Keno Act 1996* and Form 22I under the *Wagering Act 1998*.

Instructions

Please complete in BLOCK letters. If you need help completing this form, visit our website www.business.qld.gov.au/liquor-gaming or contact the Office of Liquor and Gaming Regulation (OLGR) on 13 QGOV (13 74 68).

Form is to be completed by the gaming/wagering provider/operator.

The original (in conjunction with Exclusion Direction Form 3D) is to be given to patron. A copy of the form must be kept on file at site premises.

Do not send to OLGR unless requested.

To: _____ (patron's name)

In accordance with section 93A of the *Casino Control Act 1982*; section 261C of the *Gaming Machine Act 1991*; section 154D of the *Keno Act 1996*; section 216D of the *Wagering Act 1998*, an exclusion direction has been given to you by the:

_____ (casino/club/hotel/TAB)

Decision

From _____ am/pm on ____/____/____ (date) you are prohibited from:

entering or remaining in: _____

taking part in: _____

at _____

Reasons

The reasons for the decision to prohibit you are: (specify)

Right of review

In accordance with section 91A(2)(a) of the *Casino Control Act 1982*; section 29(5) of the *Gaming Machine Act 1991*; section 233(2)(a) of the *Keno Act 1996*; section 297(a) of the *Wagering Act 1998*, a person who has been given an exclusion direction, may have the decision reviewed by the QCAT tribunal.

Starting review

A review is started by filing an application to review with QCAT as per section 33 of the *Queensland Civil and Administrative Tribunal Act 2009*. Generally, reviews must be lodged within 28 days.

QCAT contact details

Phone: 1300 753 228
enquiries@qcat.qld.gov.au
www.qcat.qld.gov.au

Signature of authorised person: _____ Date: ____/____/____

Name of authorised person: (please print) _____

Position of authorised person: _____