Application	Title Mr Mrs Miss Ms	Gender Are you self e	xcluded? N
Given Name Surname			
Address (No. & Street)		Pre	ferred Name
Town/Suburb		State Postcode	Date of Birth
Email	Hom	e Telephone	Mobile Telephone
Ido not wish to receive communications including promotional materials, third party offers and offers that include gaming related advertising materials. I acknowledge and agree that by not ticking this box, I have made a request in writing to receive communications including promotional materials, third party offers and offers that include gaming related advertising materials from the venue operator and from PVS Australia Pty Ltd.			
I confirm that the information provided in this I have carefully read and understood the Mer	• •		
Signature	Date /	l agree to receiv as follows:	ve my Player Activity Statement
	/ /	From venue	Via mail Via email