## Statement of adoption of a Self-Exclusion Program

Gambling Regulation Act 2003

For completion by nominee or authoris officer	ed		VOL181224
The Statement of Adoption must be completed by a ver operator adopting a Self-Exclusion Program (SEP).	nue	Signature of nominee/authorised officer $\chi$	Date
Company/incorporated association name		Print name of nominee/authorised office	r / /
Licence number (if known)		Signature of witness	
Name of SEP administrator		X	Date / /
VCCCC SEP number (This can be found on the VCCCC webs	site)	Print name of witness	
The SEP should be adopted with the prior agreement author/administrator.	of the SEP's		
Has the author/administrator agreed to you adopting th	e SEP?		
The board/governing body of a venue or licensed entity resolve to adopt a SEP and a copy of the minutes of the committee meeting confirming adoption of the SEP mu attached. Do not send original minutes.	e board/		
Is a copy of the minutes attached?	Yes		
I understand the obligations and requirements set out under the Ministerial Direction.	Yes		
I understand the obligations and requirements of Self-Exclusion Program for my licence, registration or permit.	Yes		



State Government