VBY

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Approved for use under the Independent Gambling Authority Act 1995

Independent Gambling Authority
Request for Voluntary Barring
ADDENDUM

Applicant to whom addendum relates

Full name	*Date of birth*

Addendum reference

Addendum page no.	*Total pages*

Venues

Premises or provider name	*Gaming*	*Betting*	*Lottery*	*Other*

Date	*Witness signature*
Signature	*Witness name*