SWISS 4 WIN.CH
by CASINÒ LUGANO

APPLICATION FORM FOR THE REVOCATION OF GAMBLING EXCLUSION

Applicant:

Surname, First name:
Date of birth:
Address:
Telephone no.:
Email:

Information on the gambling exclusion:

Date of gambling exclusion:
Type of exclusion: ☐ voluntary (Art. 80 para. 5 LGD) ☐ imposed by the casino (Art. 80 para. 1,2 LGD)
Repeated gambling exclusion (if yes, number of previous exclusions): ☐ yes ☐ no no. of exclusions:
First request for revocation (if no, number of previous requests): ☐ yes ☐ no no. of requests:

Family situation:

☐ single ☐ married ☐ divorced ☐ widowed ☐ separated
☐ cohabiting

Dependent children: ☐ no ☐ yes, number and age:
Children in education: ☐ no ☐ yes

Employment status:

☐ employed ☐ self-employed

Profession / sector:
Place of work:
Employment percentage: Start date of employment:

☐ AVS / AI recipient ☐ homemaker ☐ unemployed ☐ student ☐ other

Financial situation:

- Net monthly income: CHF
- Annual bonuses/gratuities: CHF
- Maintenance payments from former spouse (child maintenance payments are not to be included): CHF
- Other monthly income: CHF

Monthly expenses borne personally

Accommodation	CHF
Rent / housing ownership charges	
TV / Internet / telephone subscription	
Utilities *(heating, electricity, water, etc.)*	
Food and household expenses	
Domestic help	

Car / motorcycle	CHF
Fuel	
Leasing / financing	
Public transport *(for self or dependent children)*	
Parking / garage	
Other	

Fixed costs	CHF
Maintenance payments for children and former spouse	
Loans / debts / credit cards	
Life insurance / third pillar	
Expenses for dependent children *(e.g. school, etc.)*	
Other	
Other	

Leisure	CHF
Hobbies, membership fees *(for self or dependent children)*	
Pocket money	
Pets	
Incidental expenses *(personal care, medication, hairdresser, etc.)*	
Childcare services	
Other	

Health	CHF
Health insurance premiums *(net of any subsidies)*	
Healthcare costs *(glasses, dentist, etc.)*	
Other	

Miscellaneous	CHF

Do you receive a subsidy for health insurance? ☐ yes ☐ no

Annual expenses paid personally

Accommodation	CHF
Household contents and third-party liability insurance	
Building insurance	
Serafe fee	

Leisure	CHF
Holidays, trips	
Other	
Other	

Fixed costs	CHF
Taxes / substitute military service tax	
Other	
Other	

Car / motorcycle	CHF
Vehicle circulation tax	
Insurance (third-party liability, comprehensive)	
Maintenance (repairs, tyres, motorway vignette)	

Relationship with gambling

How would you describe your gambling behaviour prior to the exclusion?

a. How often did you gamble online (number of gambling days per month)?

b. Did the frequency of gambling increase over time? ☐ Yes ☐ No

c. Did the duration of gambling increase over time? ☐ Yes ☐ No

d. Did the amount wager increase over time? ☐ Yes ☐ No

e. Had you set personal limits for yourself? ☐ Yes ☐ No

f. What was the maximum loss? CHF What consequences did it have?

g. What was the maximum win? CHF What consequences did it have?

h. Have you ever gambled on foreign platforms? ☐ Yes ☐ No Which ones?

i. Considering wins and losses on Swiss4Win overall, do you believe you are in ☐ profit or ☐ loss?

Amount: CHF

Did you incur debts or enforcement proceedings because of gambling? ☐ Yes ☐ No
If yes, what was/is the amount of the debts / enforcement proceedings? CHF

Why was the gambling exclusion imposed and what did it mean for you?

The exclusion was: ☐ preventive ☐ at the right time ☐ imposed too late

Did you gamble during the exclusion period? ☐ Yes ☐ No
☐ Casinos abroad ☐ Lotteries ☐ Electronic lotteries ☐ Internet
☐ Poker abroad ☐ Sports betting ☐ Other

Are the reasons for the gambling exclusion still present today? ☐ Yes ☐ No

Why do you wish to have the gambling exclusion revoked?

In the event of readmission to gambling:
Where would you gamble? ☐ land-based ☐ online ☐ both
How do you assess the risk of relapse from 0 to 10 (0 = none; 10 = certain)?
What is the monthly budget you intend to allocate gambling? CHF
How many visits would there be per month?

How would you behave in the event of exceeding the limits?

Declaration by the applicant

I hereby confirm that I have submitted in writing to the online casino Swiss4Win my request for the revocation of my gambling self-exclusion and that I have been informed about the revocation procedure and the consequences of a positive or negative decision by the casino regarding my request.
I confirm that:

- the information provided in this form is true and complete (pp. 1–3);
- the financial documents submitted by me are complete and accurate;
- I agree that the casino may, if necessary, set spending and deposit limits in accordance with my financial situation and the predefined budget.

Date: **Signature:** _____

Privacy notice

We inform you that the above data are processed and stored for the period required by law by Casinò Lugano SA, as data controller, in compliance with the Swiss Federal Act on Data Protection (FADP) and Regulation (EU) 2016/679. Furthermore, your data will be communicated to the Cantonal specialists, in their capacity as authorised data processors, who will carry out the revocation process, and will subsequently be used for statistical purposes. Regarding the exercise of the rights granted by the applicable legislation, please refer to the Privacy Policy published on the website www.swiss4win.ch.

Date: **Signature:** _____

Consent to the processing of images

Subject to your specific and explicit consent, the processing of your images is necessary in order to conduct the online interview, for the minimum time required for the provision of the service. In the absence of consent, the interview will have to take place in person at the premises of Casinò di Lugano.

Regarding the processing of images in the event of an online interview for the above purpose:

☐ I give my consent ☐ I do not give my consent

Date: **Signature:** _____