

Form 'Request for lifting gambling ban'

- Voluntary gambling ban Art. 80 Para. 5 BGS
- Gambling ban Art. 80 Para. 1 lit. a und b / Para. 2 BGS

Dear customer

In order to enable us to examine your request to lift the exclusion, we ask you to send the following documents and information to the Social Concepts Department at Casino Davos:

- Request form for the lifting of the gambling ban (pages 2 and 3)
- Debt collection report over the period of the last 5 years (no ongoing debt enforcements or certificates of loss)
- Bank statements of the last 3 months (showing all transactions, no negative balances)
- If employed : Payroll / Proof of income for the last 3 months
- If self-employed : Last business transaction and business account statements of the last 3 months
- If available: other accounts and assets
- If married: Written consent of spouse and telephone number in case of enquiry:
- If living with parents : Written consent of one of the parents

As soon as we have checked the documents internally, we will be happy to contact you to arrange an appointment with a cantonal specialist office. At this appointment, the Davos Social Service Office will review the situation and Casino Davos will then decide on the application.

Please note that an application to lift a self-imposed gambling ban can be submitted after 3 months at the earliest.

If you have any further questions, please do not hesitate to contact us.

SOK-Fachstelle Promenade 63 7270 Davos-Platz sok@casinodavos.ch

Kinds regards Casino Davos AG



Request for lifting gambling ban:

Mr.	Ms.									
Given name:				Surname:						
Address:				Birthday:						
Postal code:				City:						
Phone:				E-Mail:						
Ban issued	-		os	or On	line by	<i>r</i> Casin	o777.cl	า		
Canton of r	esidenc	e:								
	AG	ZH	GR	BL	BS	BE	LU	Andere:		
Marital stat	us:	single		married		divorced				
		widow	ved	cohal	oiting	s	eparat	ed		
Housing sta	atus:									
Married / reg	gistered p	partnersl	nip							
Partnership	with sepa	arate ho	useholo	l budge	et (shari	ing of re	ental co	sts)		
Other housing	ng situati	on (Sing	gle hous	sehold,	shared	l apartn	nent, et	c.)		
Children: Dependent	children	up to ag	e 10:							
Dependent	children	over age	e 10:							
Employme employed	nt status		nployed							
Profession/Industry:					Company:					
	Double income Stude Housewife/-husband AHV		ent beneficiary			Part-time IV beneficiary		Other		



Finances (in CHF):								
Net income per month:								
13. Monthly salary / bonus / gratuity net per year:								
Spousal net income per month:								
Other income per month: Yes	CHF: No							
If yes, describe in detail the income:								
Assets/Savings: Yes CHF:	No							
Financial information must be accompanied by appropriate supporting documentation to be considered for clarification.								
Housing costs (in CHF):								
full rent costs part rent	cost mortgage							
share in	%							
Firm commitments:								
Alimony per month:								
Leasing fees per month:								
Credit repayments per month:								
I certify with my signature that the statements I have recorded are true and complete and that the written materials I have submitted are complete and accurate.								
City, Date:	Signature:							