

## Application to lift gambling suspension

in accordance with Article 81(1) to (3) of the Swiss Gambling Act (*Geldspielgesetz – BGS*)

**I hereby request that my gambling suspension be lifted**

### Applicant

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Street \_\_\_\_\_ Postcode, town/city \_\_\_\_\_  
Date of birth \_\_\_\_\_ Telephone number \_\_\_\_\_

**Gambling suspension imposed on** \_\_\_\_\_

**Type of gambling suspension**

Voluntary  Involuntary

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send the completed application along with a copy of a valid identity document (passport, ID card, Swiss driving licence, foreign national identity card) to the following address:

Grand Casino Kursaal Bern AG  
Social Responsibility Policy Department  
Kornhausstrasse 3  
3000 Bern 22

We will contact you as soon as possible once we have received the application.