

FO Application to lift gambling suspensionin 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.