



Reference: Risk & Fraud JackPots
T +41 (0)56 552 10 60
risk@grandcasinobaden.ch

Information on the lifting of gambling bans:

- **Self-requested gambling ban Art. 80 Abs. 5 BGS**
- **Gambling ban Art. 80 Abs. 1 lit. a und b / Abs. 2 BGS**

Dear customer

In order for us to be able to examine your request for lifting your gambling ban, we kindly ask you to send the following documents and information to the Social Concept Office of JackPots, Grand Casino Baden AG:

- **Questionnaire for the lifting of the gambling ban (see pages 2 and 3)**
- **Current excerpt from the debt collection register for the last 5 years (no current debt collection or loss certificates)**
- **Bank statements for the last 3 months (with receipts and payments / without a negative balance)**
- **Salary slips or proof of income for the last 3 months**
- **If available: Other accounts or assets**
- **If married: Written consent of spouse**
- **If living with parents: Written consent of one parent**

As soon as we have checked the documents successfully internally, we will be happy to contact you to arrange a personal meeting at the Grand Casino Baden. At this appointment, we will review the situation together with you and the addiction counselling service ags, Brugg, and then decide on the outcome of the application.

Please note that an application for the lifting of a self-imposed gambling ban can be submitted after 3 months at the earliest. An ordered gambling ban may only be lifted once the reason for the gambling ban no longer exists.

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

Risk & Fraud JackPots
Haselstrasse 2
5400 Baden

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Kind regards
JackPots, Grand Casino Baden AG

Questionnaire for the lifting of the ban:

Name: _____ First name: _____ Date of birth: _____

Street/ nr.: _____ Postal code: _____

City: _____

Phone.: _____ E-mail: _____

Gambling ban at Grand Casino Baden Or gambling ban online at jackpots.ch

Canton of residence: _____

Civil status: single married seperated divorced widowed concubinate **Living situation:**Married couple / registered partnership in house community Partnership with separate household budget (sharing of rental costs) Other living situations (single, shared flat, etc.) **Children:**

Dependent children up to 10 years: _____

Dependent children over 10 years: _____

Job-related situation : Employed Eelf-employed

Profession/industry: _____

Company: _____

 Couble earner Student Part-time workload:
 Housewife/Househusband AHV recipient IV-recipient Other:

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Finances:

Net income per month: _____

13th salary / Bonus / Net gratification per year: _____

Income spouse / net per year: _____

Other income per month.: Yes: _____ No:

If yes, please describe type of income: _____

Assets: CHF: Yes: _____ No:

Living expenses:

Rent including additional costs per month: _____

Mortgage including additional costs per month: _____

Fixed obligations:

Alimony payments per month: _____

Leasing costs per month: _____

Loan repayments per month: _____

I confirm through my signature that the statements I have made are true and complete and that the written documents I have submitted are complete and correct.

Place and date: _____ Signature: _____