

BAHA MAR CASINO WIN/LOSS STATEMENT REQUEST

Name:			
Date of Birth:		Club Blu Number:	
Orivers License or Passport No:			
mail Address:			
s this a change of address? YES NO (pl	lease circle)		
Mailing Address:			
City/State/Zip:			
Felephone:		Cell:	
Please provide me with a statement of my gaming a	ctivity for the year:		
government authorities recommends that you keep I do hereby certify that the information contained a Club Blu Account tracked gaming activity. In consider officers, managers, affiliated persons, and represent the information and its release as a result of this req based on my Club Blu Account history and is not in representation or warranty, express or implied, as to	your own records of you above is true and correct, ration of this, I agree to relatives from any and all cluest. I further understand the accuracy of this info the accuracy of the hubble Account Hold quest at	r gaming activity. and I authorize Baha IN elease and hold harmles aims, causes of action, I d that the information r lace of, my own record rmation or its effectiver er's Signature Is Re	quired Below
On the, 20_	City		State/Province/Jurisdiction
		Club Blu Account Ho	lder's Signature
For security of your account, your Win/Los note that your Win/Loss Statement will no Do N Verified Validity of Government ID Date Received	ot be emailed, faxed ot Write In This Box.	or provided to a ch	ange of address.
All Items Verified in Player Tracking	Yo	es	No
Verifier's Signature & GB ID No.			
Please present this request to the Club Blu email the original request to along with a d Identification to:			
	ВАНА	MAR	
		E DEPARTMENT	
	WIN/LOSS STATI	EMENT REQUEST	
		AR BOULEVARD	
		BAHAMAS	
EMA	AIL TO: WinLossState	<u>ement@Bahamar.</u>	com