

APPROVED PROVIDER REQUEST FORM		
То:	eBET Gaming Systems Pty Ltd ("eBET")	
Client:	[Venue Name]	
Premises:	[Address]	
Approved Provider/s:	Sticky Tickets Pty Ltd abn: 25 122 052 206 Contact: Doug Switzer (02) 87 660 660	

The Client hereby consents to eBET providing the following data to the Approved Provider as indicated below (**Data**):

- Member Management API
- Member first and last name, member membership number, member tier level

eBET is authorised to provide the Data to the Approved Provider until the following date:

Please provide access indefinitely. Sticky Tickets provides the ability to disable the integration from the organiser dashboard

In the absence of any date being specified eBET will apply a term of 12 months from the signing of this request form. Any extension to this term must be made in writing by the Client to eBET.

The Client authorises eBET to discuss with the Approved Provider all aspects of the Data accessed by the Approved Provider pursuant to this form.

Where the Approved Provider proposes to store Personal Information (as defined in the Australian Privacy Laws) on overseas servers, the Client warrants to eBET that such overseas storage is permissible under the Client's Privacy Statements, policies or any other applicable terms and conditions.

This consent commences from the date this form is signed (below) and expires when the Client either withdraws the consent in writing or when either eBET or the Approved Provider notifies the Client of any changes relating to the Services (including availability), whichever is sooner.

To the extent permitted by law, the Client hereby releases and forever discharges eBET and the Approved Provider (including without limitation their officers, employees, contractors and agents) and holds each of them harmless from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in connection with the Data.

Tabcorp's Privacy Policy applies to this form (available at https://www.tabcorp.com.au/privacy). Please read this prior to signing this form.

Signed on behalf of [Client's Company Name and	
ABN/ACN] by an authorised officer of the company:	. Authorised Officer
	. Name (Please Print)
	. Date