

Lost/Damaged Ticket Search

Conditions of Search

Date Received	Claim No.	Receipt No.
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1. Only one lottery or Instant Scratch-Its ticket per Lost/Damaged Ticket Search form.
2. A search fee of \$15.00 must be paid to NSW Lotteries by debit or credit card in person, or Visa card (refer Section 7. Payment Details) prior to the search proceeding.
3. The Statutory Declaration must be completed prior to the search proceeding.
4. Search form must include details of the date, time and place of purchase. Where the exact time of purchase is not known, the 20 minute period within which the ticket may have been purchased must be included.
5. Please forward completed form to: **ADMINISTRATION, Locked Bag 7000, Granville, NSW 2142, Australia.**
6. NSW Lotteries is not required to pay prizes in respect of unregistered lottery and Instant Scratch-It tickets that cannot be produced for prize verification, and as such clear and irrefutable evidence satisfactory to NSW Lotteries will be required before NSW Lotteries will exercise its discretion to pay a prize on an entry that is the subject of this claim.
7. Successful searches resulting in a prize will be paid after the claim period (8 weeks) has elapsed.

1. CUSTOMER DETAILS

Mr Mrs Miss Ms

First Name

Last Name

Residential Address

<input type="text"/>	
<input type="text"/>	Postcode

Daytime Contact No.

Mobile No.

Date of Birth

 / /

Email Address

Are you an owner or staff member of a NSW Lotteries Outlet?

Yes No

2. TICKET PURCHASE DETAILS

Did you use your Members Club Card when purchasing this ticket? No Yes **SPECIFY MEMBERS CLUB CARD DETAILS BELOW**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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What is the name of the Outlet where the ticket was purchased?

What is the address of the Outlet where the ticket was purchased?

<input type="text"/>	
<input type="text"/>	Postcode

Date of purchase

 / /

What 20 minute time period was the ticket purchased in?

 am/pm to am/pm

If you purchased other tickets at the same time please attach details including photocopies if possible.

Complete game details overleaf



Please return completed form via:

Administration, Locked Bag 7000, Granville, NSW 2142

131 868

customersupport@thelott.com



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gambleaware.nsw.gov.au 1800 858 858



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3. TICKET AND PRIZE DETAILS

Enter the ticket number from your ticket (if available)

a. Which game/s did you play?

Saturday Lotto Oz Lotto Mon & Wed Lotto Powerball
 Lotto Strike Lucky Lotteries Super Jackpot Lucky Lotteries Mega Jackpot
 Set for Life **GO to j** Instant Scratch-Its **GO to n**

b. Date of draw

/ /

c. Draw number

d. Type of entry played (select from options below):

Marked

No. of games played:

QuickPick

Entry Type (please tick below):

MAXI JUMBO MEGA
 SUPER REGULAR MINI
 4 GAMES 6 GAMES 10 GAMES
 Lucky Lotteries Super Jackpot (Random) Lucky Lotteries Super Jackpot (Sequential)
 Lucky Lotteries Mega Jackpot (Random) Lucky Lotteries Mega Jackpot (Sequential)

PICK Entry

PICK Type (please enter number below):

Previously With the Field

PowerHit

PowerHit Type (please enter number below):

System **GO to e**

e. Did you play a System entry?

No **GO to f**

Yes What type of System? (7 to 20)

f. How many weeks was the ticket played for?

g. Did you play a Syndicate entry?

No **GO to h**

Yes Syndicate Number (if known)

Syndicate Type / System

h. Did you play Lotto Strike?

No **GO to k**

Yes Single Multiple Boxed

i. What are your Lotto Strike numbers?

(If more than one, provide numbers in additional information - Section 4).

j. Set for Life

What type of entry played (select from options below):

Game Panel

No. of games played:

TOP UP

Entry Type (please tick below):

2 3 4 5 10 15 25 50

Date of First Draw

/ /

Multi-week

2 3 4 5 6+

QuickPick

STANDARD

REGULAR

SUPER

MEGA

JUMBO

GIANT

MIGHTY

MAXI

k. Did you win a prize?

Unknown **GO to Section 4**

Yes Numbers on winning game (if unsure, leave blank)

l. What prize division are you claiming?

1st 2nd 3rd 4th 5th 6th 7th 8th 9th

m. What was the dollar cost of the ticket?

\$

n. Instant Scratch-Its Tickets

Cost of ticket and game name

\$ Game Name

Game Number (if known)

Did you win a prize?

Yes No Unsure

If yes, what was the prize on the ticket?

4. LOST/DAMAGED DETAILS

The ticket was: Lost Destroyed Stolen

Damaged

If ticket is damaged please return the damaged ticket with this form.

Where did this occur?

When did this occur?

Date

Time

am/pm

Attach or detail below any additional information that may assist in this search:

5. IF CLAIM IS SUCCESSFUL – PRIZE PAYMENT

Direct Deposit

BSB No.

Acc No.

Acc Name

Complete declaration details overleaf



Official Home of Australia's Lotteries

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6. STATUTORY DECLARATION (Must be completed by the claimant)

I,
Name

Do solemnly and sincerely declare that:

I hereby claim any prizes associated with the lost / damaged ticket and I declare that:

- a) To the best of my knowledge and belief that all of the information in this claim is true and correct;
- b) I am over the age of 18 years; and
- c) I am the rightful owner of the lost / damaged ticket.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declaration Act 1959 (Cth)*, and I believe that the statements in this declaration are true in every particular.

.....
Claimant Signature (to be signed in front of an authorised witness)

Declared at on
Place Date

A lawyer, medical practitioner, pharmacist, trademark/patent attorney, commissioner for the court, police officer, Justice of the Peace and other authorised witnesses may witness this statutory declaration.

Before me,

.....
Signature of Witness

I, a
Full Name Qualification

.....
Address

certify the following matters concerning the making of this statutory declaration by the person who made it:

- I saw the face of the person OR
- I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person has a special justification for not removing the covering, and
 - I have known the person for at least 12 months OR
 - I have confirmed the person's identity using an identification document and the document I relied on was

.....
Document

7. PAYMENT DETAILS (Please complete details below only if you wish to pay the \$15 search fee via Visa card)

Name (as it appears on your credit card)

Visa

Credit card No.

Expiry Date

I authorise New South Wales Lotteries Corporation Pty Limited to charge my credit card for the amount indicated on or after the date specified.

Amount

Signature

Date

Collection of personal information

We are collecting your personal information in this form for the purposes of registering, verifying and/or paying a prize and for the purposes of providing you with our products and services. If we cannot collect your personal information, we will not be able to process your prize claim. The collection of this information is permitted under the game rules. The personal information we collect may be disclosed to other entities in The Lottery Corporation Group, a third party as required by law and to third parties who assist us in running our business. Some of these third party service providers may be located offshore. For more information about these offshore disclosures, our handling practices and details about how you may access and seek correction of your personal information or make a complaint please refer to our Privacy Policy located at www.thelotterycorporation.com/privacy



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