

Lost/Damaged Ticket Search Form

Conditions of Search

| | | |
|---------------|-----------|-------------|
| Date Received | Claim No. | Receipt No. |
|---------------|-----------|-------------|

1. Only one lottery ticket per Lost/Damaged Ticket Search form.
2. A search fee of \$15.00 must be paid to Tatts NT 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 888, Melbourne VIC 3004.**
6. Tatts is not required to pay prizes in respect of unregistered lottery tickets that cannot be produced for prize verification, and as such clear and irrefutable evidence satisfactory to Tatts will be required before Tatts 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 (4 weeks) has elapsed.

1. CUSTOMER DETAILS

Mr Mrs Miss Ms

First Name

Last Name

Residential Address

Postcode

Daytime Contact No.

Mobile No.

Date of Birth

 / /

Email Address

Are you an owner or staff member of a Tatts 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**

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

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

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 original completed form via the post:
Administration, Locked Bag 888, Melbourne VIC 3004
131 868
customersupport@thelott.com



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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?

TattsLotto Oz Lotto Mon & Wed Lotto Powerball
 Super 66 Lucky Lotteries Super Jackpot Lucky Lotteries Mega Jackpot

Set for Life **GO to j**

b. Date of draw

c. Draw number

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

| | |
|-------------------------------------|---|
| Marked <input type="checkbox"/> | No. of games played: <input type="text"/> |
| QuickPick <input type="checkbox"/> | Entry Type (please tick below): MAXI <input type="checkbox"/> JUMBO <input type="checkbox"/> MEGA <input type="checkbox"/> SUPER <input type="checkbox"/> REGULAR <input type="checkbox"/> 9GAMES <input type="checkbox"/> MINI <input type="checkbox"/> Lucky Lotteries Super Jackpot (Random) <input type="checkbox"/> Lucky Lotteries Super Jackpot (Sequential) <input type="checkbox"/> Lucky Lotteries Mega Jackpot (Random) <input type="checkbox"/> Lucky Lotteries Mega Jackpot (Sequential) <input type="checkbox"/> |
| PICK Entry <input type="checkbox"/> | PICK Type (please enter number below): Previously Play the Field <input type="text"/> |
| PowerHit <input type="checkbox"/> | PowerHit Type (please enter number below): <input type="text"/> System <input type="checkbox"/> 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 Super 66?

No **GO to k**

Yes Single Multiple

i. What are your Super 66 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 <input type="checkbox"/> | No. of games played: <input type="text"/> |
| TOP UP <input type="checkbox"/> | Entry Type (please tick below): 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/> |
| Date of First Draw <input type="text"/> | 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+ <input type="checkbox"/> |
| QuickPick <input type="checkbox"/> | STANDARD <input type="checkbox"/> REGULAR <input type="checkbox"/> SUPER <input type="checkbox"/> MEGA <input type="checkbox"/> JUMBO <input type="checkbox"/> GIANT <input type="checkbox"/> MIGHTY <input type="checkbox"/> MAXI <input type="checkbox"/> |

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?

\$

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



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

I,
Name

of
Address

....., do solemnly and sincerely declare that:
Occupation

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.

This declaration is true and I know it is an offence to make a statutory declaration that is false, misleading or inaccurate.

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

Declared at on
Place Date

Any person over 18 years old may witness a statutory declaration made in the Northern Territory.

Witnessed by: on
Signature Date

.....
Name

.....
Address

7. PAYMENT DETAILS (Please complete details below 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 Tatts NT Lotteries Pty Ltd to charge my credit card for the amount indicated on or after the date specified.

Amount

Signature

Date

Please do not email form if using credit card as payment.

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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In-store



Online



App