



Receipt No.	Claim No.
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# LOST / DAMAGED TICKET SEARCH

## CONDITIONS OF SEARCH

1. Only one ticket per Lost / Damaged Ticket Search form.
2. A search fee of \$15.00 must be paid by cheque, credit card or cash in person to Golden Casket prior to the search proceeding.
3. Successful claims will be paid after the claim period (4 weeks) has elapsed for Gold Lotto, Powerball, Oz Lotto, \$2 Casket and The Pools.
4. The Statutory Declaration on the reverse of this form must be completed prior to the search proceeding
5. 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.
6. Please forward completed form to: **ADMINISTRATION, Locked Bag 7, Coorparoo DC, Qld 4151.**

### Collection of personal information:

The personal information collected from you in this document is sought by Golden Casket Lottery Corporation Limited ABN 27 078 785 449, a member of the Tatts Group Limited. Golden Casket may require you to complete a statutory declaration and collect enough personal information required to prove your identity under the Lotteries Rule 2010 (Qld). The information will be used to register, verify and pay your prize. We may not be able to process your claim unless you provide this information to us. Your information may be disclosed to third parties including your and our financial institutions, our selling outlets, our contractors (such as IT providers or mail services), our professional advisors, gaming and other regulators, legal enforcement agencies or as required by law. Our Privacy Policy, available at [www.goldencasket.com](http://www.goldencasket.com), contains further information about how you may access and seek a correction of your personal information, and how you may complain about privacy related matters and how your complaint will be dealt with. For privacy related queries, please contact 131 868 or [privacyofficer@tattsgroup.com](mailto:privacyofficer@tattsgroup.com).

## 1. CUSTOMER DETAILS

Mr  Mrs  Miss  Ms

First Name

Last Name

Residential Address

  

Postcode

Daytime Contact No.

Mobile No.

Are you an owner or staff member of a Golden Casket Outlet? YES  NO

## 2. TICKET PURCHASE DETAILS

Did you use your Winners Circle card when purchasing this ticket? No  Yes  **SPECIFY CARD DETAILS BELOW**

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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?

  

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.

## 3. LOTTERY TICKET AND PRIZE DETAILS

Enter the ticket number from your lottery ticket (if available)

Complete game details overleaf

### 3. TICKET AND PRIZE DETAILS CONT'D

**a. Which game/s did you play?**

Saturday Gold Lotto  Oz Lotto  Mon&Wed Gold Lotto  \$2 Casket   
 Powerball  Super 66  The Pools

**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"/>	<b>Entry Type (please tick below):</b> MAXI <input type="checkbox"/> JUMBO <input type="checkbox"/> MEGA <input type="checkbox"/> SUPER <input type="checkbox"/> REGULAR <input type="checkbox"/> TWINPICK <input type="checkbox"/> (Oz Lotto only) MINI <input type="checkbox"/>
PICK Entry <input type="checkbox"/> <small>Previously With the Field</small>	<b>PICK Type (please enter number below):</b> <input type="text"/>
PowerHit® <input type="checkbox"/>	<b>POWERHIT Type (please enter number below):</b> <input type="text"/> System <input type="checkbox"/> <b>GO to e</b>

**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)   
 and 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. Did you win a prize?**

No  **GO to Section 4**  
 Yes  Numbers on winning game (if unsure, leave blank)

**k. What prize division are you claiming?**

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

**l. What was the dollar cost of the ticket?**

\$

### 4. LOST / DAMAGED DETAILS

The ticket was:

Lost  Destroyed  Stolen

Where did this occur?

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

When did this occur? Date  /  /  Time  am/pm

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

### 5. PREFERRED PAYMENT OF ANY PRIZES

Cheque  Direct Deposit  BSB No.  Account No.  Account Name

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

I, \_\_\_\_\_ do solemnly and sincerely declare that the information supplied by me in this claim is true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the "OATHS ACT OF 1867".

Claimant's Signature  Date  /  /

Witnessed by (Justice of the Peace / Lawyer / Commissioner of Declarations)  Date  /  /

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

Name (as it appears on your credit card)  Visa  Bankcard  Mastercard   
 Credit Card No.  Expiry Date  /  Amount **\$ 15.00**

I hereby provide Golden Casket Lottery Corporation Limited (Golden Casket) with the details of my credit card and authorise Golden Casket to deduct from it, the required amount of money as indicated.  
 Signature  Date  /  /