



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 NSW Lotteries prior to the search proceeding.
3. Successful claims will be paid after the claim period (8 weeks) has elapsed.
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:  
**NSW Lotteries Corporation Limited, ADMINISTRATION, PO Box 6687, Silverwater NSW 2128.**

**Collection of personal information:** The personal information collected from you in this document is sought by New South Wales Lotteries Corporation Pty Limited ABN 27 410 374 474, a member of the Tatts Group Limited. The collection of your name and address and such further evidence as may be required to pay a prize is permitted under the Lotto Rules (NSW). 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.nswlotteries.com.au](http://www.nswlotteries.com.au), 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 NSW Lotteries Outlet? YES  NO

## 2. TICKET PURCHASE DETAILS

Did you use your Players Club Card when purchasing this ticket? No  Yes  **SPECIFY 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.

## 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 Lotto  Oz Lotto  Mon & Wed Lotto  Powerball   
 The Pools  Lotto Strike  \$2 Lucky Lottery/Super Jackpot  \$5 Lucky Lottery/Mega Jackpot

#### b. Date of draw

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### c. Draw number

\_\_\_\_\_

#### d. What type of entry was played (select from options below):

Marked <input type="checkbox"/>	No. of games played _____
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"/> MINI <input type="checkbox"/> 6 Game <input type="checkbox"/> 4 Game <input type="checkbox"/> <small>(Oz Lotto only)</small> AUTOPIK <input type="checkbox"/> How many games? _____
	\$2 Lucky Lottery/Super Jackpot (Random) <input type="checkbox"/> \$2 Lucky Lottery/Super Jackpot (Sequential) <input type="checkbox"/> \$5 Lucky Lottery/Mega Jackpot (Random) <input type="checkbox"/> \$5 Lucky Lottery/Mega Jackpot (Sequential) <input type="checkbox"/>
PICK Entry <input type="checkbox"/>	<b>PICK Type (please enter number below):</b> _____
PowerHit® <input type="checkbox"/>	<b>POWERHIT Type (please enter number below):</b> _____
	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. Did you play a Syndicate entry?

No  **GO to g**  
 Yes  Syndicate Number (if known) \_\_\_\_\_  
 and Syndicate Type / System \_\_\_\_\_

#### g. How many weeks was the ticket played for?

\_\_\_\_\_

#### h. Did you win a prize?

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

#### i. What prize division / prize level are you claiming?

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

#### j. 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. 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 1900 NINTH SCHEDULE".

Claimant's Signature

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witnessed by (Justice of the Peace)

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 6. 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 NSW Lotteries with the details of my credit card and authorise NSW Lotteries to deduct from it the required amount of money as indicated.

Signature

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_