Date received	Claim No.	Receipt No.

SA Lotteries

LOST / DAMAGED TICKET SEARCH

CONDITIONS OF SEARCH

1. Only one ticket per Lost / Damaged Ticket Search Form.
2. A non-refundable search fee of $22.00 must be paid by cheque, money order, credit card or in person by EFTPOS or cash to SA Lotteries prior to the search proceeding.
3. Successful claims for a Lost / Damaged Ticket Search will be considered for payment after 12 months from the date of the draw.
4. If a prize in a Lottery has not been collected or taken delivery of within 12 months of the relevant day, the prize is forfeited and transferred to the Unclaimed Prizes Reserve.
5. The claimant will indemnify SA Lotteries against any subsequent claims or payments on the ticket to which the claim applies. Any prizes already paid will not be considered.
6. SA Lotteries' decision with regard to a claim for a Lost / Damaged Ticket Search is final and binding.
7. SA Lotteries is not obliged to, but may, make an ex gratia payment to a person who satisfies SA Lotteries that he or she is the winner of a prize in a Lottery despite the fact that:
   - The prize has been forfeited to the Unclaimed Prizes Reserve
   - The winning ticket has been lost or destroyed: or
   - A rule of the Lottery has not been complied with relating to giving SA Lotteries notice of a claim for the prize within a particular period.
8. The Statutory Declaration included on this form must be completed prior to the search proceeding.
9. 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.
10. Please forward completed form to: **Administration, PO Box 74, Marleston, SA, 5033**, or in person at **188 Richmond Road, Marleston, SA**.

Collection of personal information: The personal information collected from you in this document is sought by Tatts Lotteries SA Pty Ltd ABN 41146245007, a member of the Tatts Group Limited. The collection of your name and address is required under the SA Lotteries (General) Rules and 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.salotteries.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 de dealt with. For privacy related queries, please contact 131 868 or **privacyofficer@tattsgroup.com**.

1. CUSTOMER DETAILS

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

First Name

Last Name

Residential Address

Postcode

Daytime Contact No.

Mobile No.

Email Address

Are you a Retailer or Staff member of an SA Lotteries Outlet? **NO** ☐ **YES** ☐

2. TICKET PURCHASE DETAILS

Did you use your EasiPlay card when purchasing this ticket? No ☐ Yes ☐ ▶ ***SPECIFY EASIPLAY CARD DETAILS***

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. TICKET AND PRIZE DETAILS (Enter the ticket number from your ticket (if available)

Complete game details overleaf

3. TICKET AND PRIZE DETAILS (continued)

a. Which game/s did you play?

Saturday X Lotto ☐ Monday & Wednesday Lotto ☐
Super 66 ☐ The Pools ☐
Oz Lotto ☐ Powerball ☐
Set for Life ☐ ▶ **GO to j** Keno ☐ ▶ **GO to o**

b. Date of draw / /

c. Draw number

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

Marked ☐	No. of games played:
QuickPick ☐	No. of games played:
System Entry ☐	**GO to e**

e. Did you play a System entry?

No ☐ ▶ **GO to f**
Yes ☐ ▶ What type of System? (3 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 was your Super 66 no.?
(If more than one, provide numbers in additional information-section 4)

j. Set for Life
What type of entry played (select from options below):

SET Panel ☐	No. of SETS 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+ ☐
QuickSET ☐	STANDARD ☐ REGULAR ☐ SUPER ☐ MEGA ☐ JUMBO ☐ GIANT ☐ MIGHTY ☐ MAXI ☐

k. Did you win a prize?

Unknown ☐ ▶ **GO to Section 4**
Yes ☐ ▶ Number on winning game (if unsure, leave blank)

l. What prize division are you claiming?

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

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? $

o. Keno Tickets

Keno only ☐ Coin Toss only ☐ Both ☐
Keno Prize Division / Keno Spot
Date of draw / / Draw number
No. of games played?
Spot No (1 - 10) Entry Type? Single / Doubles / Triples / Quads / All Ways
Coin Toss? Yes ☐ No ☐ Entry Type? Standard / Run

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

Complete declaration details overleaf

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

You must make this declaration in the presence of a Justice of the Peace, Commissioner for taking affidavits or Proclaimed Member of the Police Force

I, _____ , make this solemn declaration conscientiously believing the same to be true and by virtue of the OATHS ACT, 1936 as amended.

Claimant's Signature

Date / /

Witnessed by (Justice of the Peace / Commissioner for taking affidavits / Proclaimed Member of the Police Force)

Date / /

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7. CREDIT CARD PAYMENT DETAILS (Must be completed by the claimant)

Please complete details below only if you wish to pay the $22.00 administration fee via credit card.

Name (as it appears on your credit card)

Visa ☐ Mastercard ☐

Credit Card No.

Expiry Date /

Amount **$22.00**

I hereby provide Tatts Lotteries SA with the details of my credit card and authorise SA Lotteries to deduct from it the required amount of money as indicated.

Cardholder's Signature

Date / /