

# IN-CONFIDENCE

## CUSTOMER PRIZE CLAIM FORM

**Office Use Only**

Claim No: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Please return completed form to SA Lotteries, GPO Box 74, Marleston, SA 5033, or in person at 188 Richmond Road, Marleston.  
A separate form must be completed for each lost, destroyed or damaged ticket.

Given name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

**1. REASON FOR CLAIM***Please tell us why you are submitting this prize claim*

Please attach your original ticket to this claim form. For damaged tickets, please attach any remains of your ticket and your original selection coupon (please do not fold).

**2. PURCHASE INFORMATION***Please provide as many details as you can about your ticket purchase*

Name of selling agency: \_\_\_\_\_

Address of selling agency: \_\_\_\_\_

Product/Game (tick box below):

 Saturday X Lotto Monday X Lotto Wednesday X Lotto Oz Lotto Powerball Keno Super 66 The Pools Instant Scratchies

Draw no.: \_\_\_\_\_

Draw date: \_\_\_ / \_\_\_ / \_\_\_

Purchase date: \_\_\_ / \_\_\_ / \_\_\_

Purchase time: \_\_\_:\_\_\_ am/pm to \_\_\_:\_\_\_ am/pm

Prize claim amount: \$ \_\_\_\_\_

Prize division/Keno Spot: \_\_\_\_\_

**3. TICKET DETAILS***Please provide details about your ticket*

Serial no.: \_\_\_\_\_ Easi-Pick? YES/NO

No. of games played (1 to 36): \_\_\_\_\_ No. weeks/draws purchased: \_\_\_\_\_ System no. (3 to 20): \_\_\_\_\_

If Keno entry: Spot (1 to 10): \_\_\_\_\_ Entry type: Single / Doubles / Triples / Quads / All Ways Coin Toss: Stand. / Run

Number selections (if original ticket unable to be attached):

Game 1	_____	Game 13	_____	Game 25	_____
Game 2	_____	Game 14	_____	Game 26	_____
Game 3	_____	Game 15	_____	Game 27	_____
Game 4	_____	Game 16	_____	Game 28	_____
Game 5	_____	Game 17	_____	Game 29	_____
Game 6	_____	Game 18	_____	Game 30	_____
Game 7	_____	Game 19	_____	Game 31	_____
Game 8	_____	Game 20	_____	Game 32	_____
Game 9	_____	Game 21	_____	Game 33	_____
Game 10	_____	Game 22	_____	Game 34	_____
Game 11	_____	Game 23	_____	Game 35	_____
Game 12	_____	Game 24	_____	Game 36	_____

**If multi-week/draw entry:**

Has your ticket won a prize in a previous draw? YES/NO

If 'YES': Draw no. \_\_\_\_\_ Date prize was paid: \_\_\_ / \_\_\_ / \_\_\_

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## 4. CONDITIONS OF CLAIM

Please make sure you understand the conditions of your prize claim

1. A Statutory Declaration must be completed, as provided below.
2. The Rules under the *State Lotteries Act 1966* (as amended) require that winners produce the winning ticket when claiming a prize. The bearer of the ticket will be paid if SA Lotteries is satisfied he/she is the ticket's rightful owner.
3. 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.
4. 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.
5. Claims for lost, destroyed or damaged tickets will be considered for payment after 12 months from the date of the draw.
6. The claimant will indemnify SA Lotteries against any subsequent claims or payments on the ticket to which this claim applies.
7. SA Lotteries' decision with regard to this claim will be final and binding.
8. A non-refundable Claim Administration Fee of \$20.00 plus GST of \$2.00 is required to accompany this claim. The fee must be paid by cheque, money order, credit card or in person to SA Lotteries prior to the search proceeding. This fee does not apply to poorly printed tickets or Not Totalling Off claims.

## 5. 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 SA Lotteries (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.

Signature:

Date:

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## 6. STATUTORY DECLARATION

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, \_\_\_\_\_  
*Print full official name*

of \_\_\_\_\_  
*Print address*

in the State of \_\_\_\_\_ **DO HEREBY SOLEMNLY AND SINCERELY DECLARE** as follows:  
*State*

I am the original applicant and if a ticket is identified in the computer records of SA Lotteries on the basis of the information provided, I declare that I am the rightful owner of the said ticket and the only person entitled to be paid the sum won by the ticket. Ticket serial number (if known) \_\_\_\_\_

Please tick one:

1. **I am not** an SA Lotteries agent or an employee working for an SA Lotteries agent nor a relative\* of an SA Lotteries staff member, an SA Lotteries agent or an employee working for an SA Lotteries agent.

2. **I am** an SA Lotteries agent or an employee working for an SA Lotteries agent or a relative\* of an SA Lotteries staff member, an SA Lotteries agent or an employee working for an SA Lotteries agent.

a) I confirm that I am the \_\_\_\_\_ of the agent/an agency employee at the SA Lotteries  
*Relation*  
agency located at \_\_\_\_\_  
*Agency suburb*

The person to whom I am related is \_\_\_\_\_ of \_\_\_\_\_  
*Name of agent/agency employee* *Agency name*

OR

b) I confirm that I am a \_\_\_\_\_ of the SA Lotteries agency, \_\_\_\_\_  
*Title eg. Manager, Agent* *Agency name*

*\*Relative in relation to a person means the spouse or partner, parent or grandparent, son or daughter or brother or sister of the person.*

Please provide any additional information about your ticket or its purchase that may assist with your claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**SIGNATURE OF DECLARANT:** \_\_\_\_\_

Declared at \_\_\_\_\_ in the State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**SIGNATURE OF WITNESS:** \_\_\_\_\_

Full name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**WITNESS POSITION (please circle):**  
Justice of the Peace / Commissioner for taking affidavits / Proclaimed Member of the Police Force