



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 \$5.00 must be paid prior 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 lapsed for Gold Lotto, Powerball, Oz 7 Lotto, \$2 Casket and The Pools.
4. The Statutory Declaration on the reverse of this form must be completed prior to any subsequent prize payment being made.
5. Search 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:
Golden Casket Lottery Corporation Limited, PRIZE ADMINISTRATION, Locked Bag 7 Coorparoo DC, Qld 4151.

Collection of personal information:

The personal information sought in this document is sought by Golden Casket Lottery Corporation Limited (ABN 27 078 785 449). The information sought is used by Golden Casket to register, verify and pay your lottery prize. The claim form may not be able to be processed unless the applicant's name, address and details of the win are provided. The information collected via this application form may be disclosed to our external marketing contractors, bank, or as required by law. Subject to certain legal qualifications, you are entitled to have access to your personal information. Access can be obtained by contacting our Contact Centre on 131 868. Further privacy policy details are available at www.goldencasket.com.

1. CUSTOMER DETAILS

Mr Miss Mrs Ms

First Name/s Last Name

Residential Address
 Postcode

Daytime Contact No. Mobile No. Is the customer an owner or staff member of an outlet? YES NO

2. TICKET PURCHASE DETAILS

Did you use your Winners Circle card for 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. 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 7 Lotto Wednesday Gold Lotto \$2 Casket
 Powerball Super 66 The Pools

b. Date of Draw? / /

c. Draw Number

d. What type of entry was played?

Standard Quickpick Twinpick \$2 Casket (chosen)
 Mega Quickpick Mini Quickpick Marked PowerHit
 Super Quickpick Jumbo Quickpick \$2 Casket (random)

e. Did you play a System entry?

No **GO to f**
 Yes What type of System (7 to 20)

f. How many games were played?

g. How many weeks was the ticket played for?

1 Week 5 Weeks 10 Weeks

h. Did you play a With the Field entry type?

No **GO to i**
 Yes 4 With the Field 5 With the Field 6 With the Field

i. Did you play Super 66?

No **GO to k**
 Yes Single Multiple

j. What are your Super 66 numbers?

(If more than 1, provide numbers in additional information - Section 4).

k. Did you win a prize?

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

l. What division are you claiming?

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

m. How many prizes are you claiming?

n. What is the total dollar amount you are claiming?

\$

4. LOST / DAMAGED DETAILS

The ticket was ?
 Lost Damaged Destroyed Stolen

Where did this occur ?

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 OF 1867".

Claimant's Signature Date / /

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

6. PAYMENT DETAILS (Please complete details below only if you wish to pay the \$5 Search Fee via Credit Card)

Name (as it appears on your card) Visa Bankcard Mastercard

Credit Card No. Expiry Date / Amount **\$ 5.00**

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 by me.

Signature Date / /