



Date received

Claim No.

Receipt No.

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, Visa 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.
4. The Statutory Declaration 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 1, Spring Hill Qld 4004.**
7. Golden Casket is not required to pay prizes in respect of unregistered lottery and Instant Scratch-Its tickets that cannot be produced for prize verification, and as such clear and irrefutable evidence satisfactory to Golden Casket will be required before Golden Casket will exercise its discretion to pay a prize on an entry that is the subject of this claim.

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. 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 <https://www.tabcorp.com.au/privacy>, 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 privacy@tabcorp.com.au.

1. CUSTOMER DETAILS

Mr Mrs Miss Ms

First Name

Last Name

Residential Address

Postcode

Daytime Contact No.

Mobile No.

Date of Birth

 / /

Email Address

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**

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 CONT'D

a. Which game/s did you play?

Saturday Gold Lotto Oz Lotto Mon&Wed Gold Lotto Powerball
 Super 66 Lucky Lottery/ Super Jackpot Lucky Lottery/ Mega Jackpot
 Set for Life **GO to J** Instant Scratch-Its **GO to n**

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"/>	Entry Type (please tick below): MAXI <input type="checkbox"/> JUMBO <input type="checkbox"/> MEGA <input type="checkbox"/> SUPER <input type="checkbox"/> REGULAR <input type="checkbox"/> TWINPICK <input type="checkbox"/> MINI <input type="checkbox"/> Lucky Lottery/ Super Jackpot (Random) <input type="checkbox"/> Lucky Lottery/ Super Jackpot (Sequential) <input type="checkbox"/> Lucky Lottery/ Mega Jackpot (Random) <input type="checkbox"/> Lucky Lottery/ Mega Jackpot (Sequential) <input type="checkbox"/>
PICK Entry <input type="checkbox"/> <small>Previously With the Field</small>	PICK Type (please enter number below): <input type="text"/>
PowerHit® <input type="checkbox"/>	POWERHIT Type (please enter number below): <input type="text"/> System <input type="checkbox"/> GO to e

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. Set for Life

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

Game Panel <input type="checkbox"/>	No. of games played <input type="text"/>
TOP UP <input type="checkbox"/>	Entry Type (please tick below): 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 25 <input type="checkbox"/> 50 <input type="checkbox"/>
Date of First Draw	/ /
Multi-week <input type="checkbox"/>	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+ <input type="checkbox"/>
QuickPick <input type="checkbox"/>	STANDARD <input type="checkbox"/> REGULAR <input type="checkbox"/> SUPER <input type="checkbox"/> MEGA <input type="checkbox"/> JUMBO <input type="checkbox"/> GIANT <input type="checkbox"/> MIGHTY <input type="checkbox"/> MAXI <input type="checkbox"/>

k. Did you win a prize?

Unknown **GO to Section 4**
 Yes Numbers 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? \$

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

Direct Deposit BSB No. Account No. Account Name

Complete declaration details overleaf

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

I, _____,
Name

of _____,
Address

_____, in the State of Queensland Tasmania Northern Territory
Occupation solemnly and sincerely declare that:

- I hereby claim any prizes associated with the lost/damaged ticket and I declare that:
- a) To the best of my knowledge and belief that all of the information in this claim is true and correct;
 - b) I am over the age of 18 years; and
 - c) I am the rightful owner of the lost/damaged ticket.

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the:

- Oaths Act 1867 (Qld)
- Oaths Act 2001 (TAS)
- Oaths Affidavits and Declarations Act 2010 (NT)

Signature

In Queensland, a Justice of Peace, Commission for Declarations or lawyer may witness this statutory declaration.
In Tasmania, for a full list of authorised persons that may witness this statutory declaration, please visit:
https://www.justice.tas.gov.au/commissionersfordeclarations/list_of_groups/
In the Northern Territory, any person over 18 years old may witness a statutory declaration made in the Northern Territory.

Taken and declared before me at _____ this day _____
Place *Date*

Occupation

Address

Signature of Witness

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

Name (as it appears on your credit card) _____ Visa

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 _____ / _____ / _____