



Date Received

Claim No.

Record No.

Lost / Damaged Ticket Search Form

Tatts NT

Conditions of Search

1. Only one lottery ticket per Lost/Damaged Ticket Search form.
2. The Statutory Declaration must be completed prior to the search proceeding.
3. 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.
4. Please forward completed form to: **ADMINISTRATION, Locked Bag 888, Melbourne, VIC 3004.**
5. Tatts is not required to pay prizes in respect of unregistered lottery tickets that cannot be produced for prize verification, and as such clear and irrefutable evidence satisfactory to Tatts will be required before Tatts will exercise its discretion to pay a prize on an entry that is the subject of this claim.
6. Successful searches resulting in a prize will be paid after the claim has been verified and approved.

We collect your personal information in this form when you require us to conduct a search on your lost/damaged ticket. Please read our full Collection Notice and our Privacy Policy at www.thelott.com/about/privacy

1. Customer details

First Name

Last Name

Residential Address

Postcode

Daytime Contact No.

Mobile No.

Date of Birth

Email

Are you an owner or staff member of a Tatts NT Outlet?

Yes

No

2. Ticket purchase details

Did you use your Members Club Card when purchasing this ticket? No

Yes

Specify members club 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

Time of purchase (must be 20 minute period if exact time is not known)

am/pm to

am/pm

If you purchased other tickets at the same time please attach details including photocopies if possible.

May 2025



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Please return original completed form to:
Administration, Locked Bag 888,
Melbourne, VIC 3004.
For assistance please call 131 868



3. Ticket and prize details

Enter the ticket number (if available)

a. Which game/s did you play?

TattsLotto

Weekday Windfall

Oz Lotto

Set for Life

Powerball

Lucky Lotteries

Lucky Lotteries

Monday and

Super Jackpot

Mega Jackpot

Wednesday Lotto

Super 66

b. Date of draw

/

c. Draw number

d. Type of entry played (select all relevant options from below):

Marked

No of games played

QuickPick

Numbers played (if known)

Pick Entry

PowerHit

Other information (for example, type or number of system / PowerHit entry)

System

e. Did you play a syndicate entry?

Please add information (such as syndicate number and/or type of entry)

Yes

No

f. How many weeks was the ticket played for?

g. Ticket price and prizes

What was the cost of the ticket?

Was there a prize on the ticket?

Winning Numbers

Prize Division

4. Lost/damaged details

The ticket was: Lost

Destroyed

Stolen

Damaged

► If ticket is damaged please return the damaged ticket with this form.

Where did this occur?

Date

Time

/

am/pm

Attach or detail below any additional information that may assist in this search:

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5. If claim is successful – prize payment

BSB No.

Acc No.

Acc Name

(v) Please tick if you would like us to add these bank details to your membership profile for future prize payments.

6. Statutory declaration (Must be completed by the claimant)

I, _____, of
Name

_____,
Address

_____,
Occupation do 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.

This declaration is true and I know it is an offence to make a statutory declaration that is false, misleading or inaccurate.

Claimant Signature (to be signed in front of an authorised witness)

Any person over 18 years old may witness a statutory declaration made in the Northern Territory.

Taken and declared before me at _____, on _____
Place *Date*

Name

Address

Signature of Witness

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RESPONSIBLY**

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