



Date Received

Claim No.

Record No.

NSW Lotteries ACT

Lost / Damaged Ticket Search Form

Conditions of Search

1. Only one lottery or Instant Scratch-Its 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 10008, Sydney, NSW 2001.**
5. NSW Lotteries is not required to pay prizes in respect of unregistered lottery and Instant Scratch-It tickets that cannot be produced for prize verification, and as such clear and irrefutable evidence satisfactory to NSW Lotteries will be required before NSW Lotteries will exercise its discretion to pay a prize on an entry that is the subject of this claim. NSW Lotteries may decline to accept repeated requests relating to the same ticket.
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 NSW Lotteries 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

How did you pay for the ticket? Cash ☐EFTPOS/Credit Card ☐Reinvested Prize Winnings ☐

Please provide copies of any receipts or bank statements that support your claim. If you purchased or collected any other tickets at the same time, please attach details and copies if possible.

December 2026

**HAVE FUN & PLAY RESPONSIBLY**

Help is close at hand. GambleAware
gambleaware.nsw.gov.au 1800 858 858

Please return original completed form to:
Administration, Locked Bag 10008, Sydney NSW 2001
For assistance please call 131 868



3. Ticket and prize details

Enter the ticket number (if available)

a. Which game/s did you play?

Saturday Lotto	☐	Weekday Windfall	☐	Oz Lotto	☐	Set for Life	☐
Powerball	☐	Lucky Lotteries Super Jackpot	☐	Lucky Lotteries Mega Jackpot	☐	Monday and Wednesday Lotto	☐
Lotto Strike	☐	Instant Scratch-its	☐	Go to g			

b. Date of draw

c. Draw number

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

Marked	☐
QuickPick	☐
Pick Entry	☐
PowerHit	☐
System	☐

No of games played

Numbers played (if known)

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

e. Did you play a syndicate entry?

Yes ☐ No ☐

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

f. How many weeks was the ticket played for?

g. Instant Scratch-Its

Game Name

Game Number (if known)

h. 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:



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, _____, *Name*

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

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declaration Act 1959 (Cth), and I believe that the statements in this declaration are true in every particular.

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

A lawyer, medical practitioner, pharmacist, trademark/patent attorney, commissioner for the court, police officer, Justice of the Peace and other authorised witnesses may witness this statutory declaration.

Taken and declared before me at _____ on _____
Place Date

Qualification

Name

Address

Signature of Witness

certify the following matters concerning the making of this statutory declaration by the person who made it:

- ☐ I saw the face of the person OR
- ☐ I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person has a special justification for not removing the covering, and
- ☐ I have known the person for at least 12 months OR
- ☐ I have confirmed the person's identity using an identification document and the document I relied on was

Document

December 2025



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