

GOVERNMENT OF MANIPUR STATE LOTTERIES
CLAIM FORM FOR PRIZE OF MORE THAN Rs. 10,000/-

PLEASE FILL IN THE FORM IN ENGLISH ONLY AND IN CAPITAL LETTERS.
PLEASE READ INSTRUCTIONS OVERLEAF BEFORE SUBMITTING THE FORM.

Name and full address of the prizewinner: _____

FATHER'S/HUSBAND'S/GUARDIAN'S NAME: _____

PRIZE WINNING TICKET (TSN NO.) _____

RANK OF THE PRIZE _____ WINNING NUMBERS OF THE PRIZE: _____

AMOUNT OF PRIZE RS. _____

DATE OF BIRTH: _____ TEL. NO. _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ PINCODE: _____

PAN NO.: _____

PROOF OF INDENTITY ATTACHED (Y/N)

PASSPORT COPY/RATION CARD/VOTER ID CARD/ANY OTHER: _____

(Strike out whatever is not applicable)

NAME OF RETAILER (Point of purchase of ticket): _____

NAME & ADDRESS OF THE BANK: _____ BANK A/C NO.: _____

RECEIPT

Received from the Secretary State Lotteries (Government of Arunachal Pradesh) Itanagar, the sum of Rs.
_____ (Rupees _____) only being prize money on ticket No. detailed above in
Draw No. _____ held on: _____

I agree that by signing this form and claiming the prize, my name and other information related to this prize become public information.

Signature of prize winner: _____

Name of the prize winner: _____

Address: _____

FOR OFFICE USE ONLY

Received on : _____ checked by : _____

Payment made on _____ vide cheque/DD No. _____