DIR ECTORATE OF SMALL SAVINGS & LOTTERIES, ALTINHO, PANAJI - GOA

CLAIM APPLICATION FOR PRIZE OF THE GOA STATE LOTTERIES

FOR M 1

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

To,
The Director,
Directorate of Small Savings & Lotteries,
Government of Goa,
Serra Building, Altinho,
Panaji – Goa.

SUB.: Claim application for Prize of the Goa State Lotteries.

CLAIMMENT DETAILS:

Full Name of the Prize Winner (Beneficiary) : _______________________________________
Mailing Address : _______________________________________________________________

Father’s/Husband’s Name : _______________________________________________________
Contact No. (compulsory) : _______________________________________________________
Date of Birth : ________________________________________________________________
Profession / Nature of Business : ________________________________________________
Name of the Organization : ______________________________________________________
PAN (If any) : __________________________________________________________________
Bank Account No. of prize winner (Beneficiary) : _________________________________
A/c. No. IFSC Code No. : _______________________________________________________
Name of Bank, Branch & Address : ______________________________________________

WINNING TICKET DETAIL:

Winning ticket transaction No. : ______________________ Draw No. __________
Date of Draw : _______________ Time: _____________________
Winning Numbers : _____________________________________________________________
Name of Lottery : ______________________________________________________________
Rank of Prize : _______ Prize Amount ________________
Name of Retailer (Point of sale) : _______________________________________________
Retailer code : __________________________________________________________________

Encl.: 1. Original Prize Winning Ticket. ________________________________ Signature
2. Proof of date of Birth.
3. Proof of address.
4. PAN card photo copy.
5. 4 Passport size photographs & Affidavit duly attested by Notary (On Rs. 20/- Stamp Paper).
INSTRUCTIONS

CLAIM FORM FOR PRIZE OF THE GOA STATE LOTTERIES

1. Write your name address and signature on the back of the ticket. Complete the claim form as per the instructions provided. Indicate the prize amount legibly.
2. The winning ticket and claim form must be completed in the name of one individual or legal entity.
3. Prize amount up to Rupees Ten Thousand (10,000/-) shall be paid by the Retailer.
   Prize amount above Rupees Ten Thousand (10,000/-) shall be paid by the Director State Lotteries, Government of Goa subject to deduction of Income Tax payable on the prize amount. The prize amount shall be claimed by submitting a claim form along with 4 passport size photographs duly attested by a first class magistrate / notary. The claim needs to be sent to the Goa Government directly by registered post at claimant’s own risk. Payment will be made after deducting the tax as applicable on the date.
4. Prize will be given only on complete physical verification of the documents, tickets and proof of identity.
5. Incomplete forms shall be considered invalid.
6. Government of Goa is not responsible for any non-delivery of mails, loss in transit or non-receipt of forms dispatched by the claimant.
7. The prize amount will be paid directly by the Government of Goa and sent to the address mentioned in the claim form. Such payment will be subject to Tax deduction at source.
8. Government or Marketing Agency / Distributors is entitled to use the winner’s name, photograph and other information for promotional and / or publicity purposes and the claimant agrees to the same without any further claim for payment.
9. Any dispute regarding the payment of prize shall be subject to exclusive jurisdiction of the courts in Goa only.
10. Prize should be claimed within 30 days (paper lottery) and 45 days (online lottery) from its declaration.
11. Government of Goa may advise you to submit more information over and above mentioned in the claim form.
12. All the columns of the claim forms shown be filled in completely and correctly with the information for speedy disposal of the claim by the Department.

______________________________
Signature

____________________________________
Received with thanks from, The Director, Goa State Lotteries, Panaji Rs.______________________.
(Rupees __________________________ only) towards my claim of ticket transaction No. _______________ of __________________________ Lottery Draw No._______ held on _____________.

Name :________________________________________
Address :______________________________________
______________________________________________

Revenue Stamp
FORMAT OF AFFIDAVIT TO BE SUBMITTED BY WINNERS (DULY ATTESTED BY NOTARY PUBLIC) ALONG WITH RESPECTIVE CLAIM FORMS.

**AFFIDAVIT**

I. ______________________, aged about ____ years, son / daughter of Shri ______________________ resident of ______________________ do hereby solemnly affirm and declare as follows:

1. That I am a bonafide citizen of India by birth.

2. That I am the Sole Owner / Owner of Prize Winning Ticket No. ____________ of Online / Paper Lottery of Draw No. _____ Dated _______ of the ________ (prize rank) Prize of Rs. ____________.

3. That I will not claim the other prize or whatever I am not entitled to.

4. That I am the bonafide / genuine claimant of the ______ Prize of ______________________ Online / Paper lottery.

5. That there are no other claimant / winner of the Prize Winning Ticket No. ____________ of draw dated ____________ of ________ clause will be applicable in case of Paper Lottery claim). Paper Lottery (This clause will be applicable in case of Paper Lottery claim).

6. That the above facts are true to the best of my knowledge and belief.

Dated ______________ the day of ______________.

**DEPONENT**

Verified, affirmed and signed before me at ____________ on ______________.