## PRIZE CLAIM INSTRUCTIONS

- ALL CLAIMS OF TAXABLE PRIZES SHOULD BE SUBMITTED TO THE DIRECTOR OF WEST BENGAL STATE LOTTERIES IN THE PRESCRIBED FORM.
- THE FORM SHOULD BE FILLED CLEARLY SHOWING THE NAME OF CLAIMANT, POSTAL ADDRESS, NAME OF THE LOTTERY, PRIZE AMOUNT, PAN NUMBER, AADHAAR CARD, CONTACT NUMBER AND BANK DETAILS LIKE BANK ACCOUNT NUMBER, IFSC CODE, NAME OF THE BANK AND BRANCH, CANCELLED CHEQUE ETC AND THE PHOTO COPY'S OF MENTIONED DOCUMENTS MUST BE SUBMITTED ALONG WITH THE FORM.
- ORIGINAL PRIZE WINNING TICKET WITH SELF ATTESTED PHOTOCOPY, ALONG WITH ONE PASSPORT SIZE PHOTOGRAPHS OF THE CLAIMENT, AN AFFIDAVIT OF OWNERSHIP OF PRIZE WINNING TICKET FORM ANY NOTARY PUBLIC SHOULD BE SUBMITTED.
- GOVERNMENT OF WEST BENGAL SHALL NOT BE LIABLE TO PAY PRIZE ON TICKETS LOST IN POSTAL TRANSIT, DEFACED OR MUTILATED.
- TAMPERED TICKETS SHALL NOT BE ENTITLED TO ANY PRIZE AND PERSON CLAIMMING PRIZE MONEY WITH A TAMPERED TICKET IS LIABLE TO BE SURE IN A COURT OF LAW.
- THE DIRECTOR OF WEST BENGAL STATE LOTTERY SHALL DISBURSE PRIZE MONEY FOR ACCEPTED GENUINE CLAIMS AFTER MAKING NECESSARY DEDUCTION OF INCOME TAX ETC.
- PRIZE MONEY PAYABLE TO WINNERS SHALL BE PAID IN THE FORM OF NEFT/RTGS ONLY.

## Annexure-I

## Form for claim and Pre-receipt (For prizes above Rs. 10000/-)

(For prizes above K

Self Attested Photo of Prize Winner

DDO/Joint Director (A & A)

To
The Director,
West Bengal State Lotteries

Deputy Director (A)

Wes	st Bengal State Lotteries,			
		To be Filled in Block Letters		
1.	Name of the Prize Winner/Claimant: *	:		
2.	Name of Father/Husband/Guardian: *			
3.	Postal Address with Pin Code: *			
		Mobi	le No. *	
4.	Prize Winning Ticket No. with Series	:	Date of Draw:	
5.				
6.	~ ·			
7.		(Rupees)		
8.	Name & Address of Banker with IFSC and Account Number			
9.				
10.	· · · · ·			
11.	I, hereby, declare that I am the owner of the above said prize winning lottery ticket and submit the <u>prize-winning ticket duly</u> singed by me on the backside for payment of the net prize amount after deduction of the Administrative Charge as mentioned on the overleaf of the ticket and Income Tax as admissible. It is also certified that the information provided above are correct.			
Sign	nature of Witness:			
Nan	ne:		<del>-</del>	
Add	lress:		Signature of Claimant	
Adv	vance receipt with Revenue Stamp ackno	wledging payment	Full Signature of Claimant With Revenue Stamp	
	Note: Enclose the copy of PAN, A	Aadhaar etc First page of Pass book, a c	ancelled cheque leaf & Affidavit	
*Th	ese fields are mandatory.	Office Use only		
Veri	ified with reference to the sold tickets, o	fficial result sheet and found correct. Hence r	may be passed for payment.	
	DA	Sr. Accountant/Supervisor	DDSL/JDSL	
Pass	sed for payment of Rs	Rupees	only.	

## (Format for the AFFIDAVIT)

	I, ( Name of the Claimant), S/O, D/0,W/0	,aged			
	years, residing at				
	(Address of the Claimant), hereby solemnly a	ffirm			
1.	That I had purchased and therefore owned the ticket no	of			
	(Name & Number of the Draw), which was held on	( Date of the Draw). The said lottery			
	ticket has won the	prize of Rs.(			
		only)			
	of the mentioned draw of West Bengal State Lottery conducted by the Directorate of State Lotteries, Government				
	of West Bengal, 69, G.C. Avenue, Kolkata - 700013.				
2.	That after payment has been made to me, in the event of a genuine claim being made, by any other person, against				
	the Government with respect to the aforesaid prize of aforesaid sum, I hereby undertake to refund to the Director				
	of State Lotteries, Government of West Bengal the said sum mentioned at para 1 above.				
3.	That I hereby submit the prize-winning ticket duly singed by me on the backside for payment of the net prize				
	amount after deduction of the Charges (if any), as mentioned on the overleaf of the ticket and Income Tax as				
	admissible and as per conditions mentioned in the ticket. I also affirm that the ticket submitted by me is				
	genuine.				
4.	That the above statements made are true to my knowledge and belief.				

DEPONENT.