

Please complete sections 1, 2 & 3 of this form, and supply as much information as possible in section 3 to assist in identifying the Keno Ticket. Please attach any other information that may be relevant to this claim.

Player Name	Date
Address	
	State Postcode
Daytime Phone No	Email Address
	im Form – Claimant's Declaration
hereby claim payment for any prizes associated	
declare and acknowledge that:	Player's (Claimant) Signature
To the best of my knowledge and belief:- ⊠ All of the information in this claim is true and of the control of	
শ্র । am the rightful owner of the Keno ticket(s) si	ibject to this claim
understand that: ☑ This claim may be subject to government veri ☑ It is an offence under the Keno Act (Qld), Pub	
understand that: ☑ This claim may be subject to government veri ☑ It is an offence under the Keno Act (Qld), Put ACT) to submit false claims for Keno prizes. Section 3 Ticket/Voucher Deta	fication
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