

LOST TICKET REPORT

Section 1: Relevant Dates

Date:	
Date of Race Meeting:	

Section 2: Customer Details

Full Name:			
Residential Address:			Post Code:
Phone:		Fax:	
Email:		Mobile	

Section 3: Ticket Details

Racecourse Venue:			
Bookmaker Name:			
Bookmaker Location:			
Name of Horse:			
Wager:		Time of Wager:	
Value:	\$		
Ticket Number:			
Ticket Stopped:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:			

Signatures

I declare that the information given above is correct and I understand that the Statutory Declaration supporting this information must be completed. I understand that by accepting this claim, the Victorian Bookmakers Association is in no way obligated to pay. I have provided all relevant documentation available to me.

Clients Full Name

Clients Signature

Date

STATUTORY DECLARATION

I, _____
(Name in Full)

Of _____
(Address)

In the state of Victoria, do solemnly and sincerely declare

That at the _____ Race Meeting on _____ / _____ / _____

I had a bet of \$ _____ On _____

With Bookmaker _____

Ticket Value \$ _____ And my ticket was Lost Destroyed

I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury.

Signature of person making declaration	
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Declared at _____ In the State of Victoria

On the _____ Day of _____ 20 _____

Declarant Signature (This must be signed in the presence of an approved witness pursuant to the Evidence (miscellaneous provisions) Act 1958)

Before me,

Witness Full Name

Witness Signature

Date

Status

Customer must mail completed signed form and statutory declaration to: Victorian Bookmakers Association, Racing Victoria Centre, 400 Epsom Rd, Flemington 3031