



KENO Unclaimed Prize Claim Form

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.

Section 1 – Complete Player Details – Please print clearly.

Player Name	Date / /
Address _____ _____ _____ State _____ Postcode _____	
Daytime Phone No	Email Address

Section 2 Unclaimed Prize Claim Form – Claimant’s Declaration

I hereby claim payment for any prizes associated with the ticket(s) subject to this claim.

I declare and acknowledge that:

To the best of my knowledge and belief:-

- All of the information in this claim is true and correct
- I am over the age of 18 years
- I am the rightful owner of the Keno ticket(s) subject to this claim

Player's (Claimant) Signature

I understand that:

- This claim may be subject to government verification
- It is an offence under the Keno Act (Qld), Public Lotteries Act (NSW), Gambling Regulation Act (Vic) and Gambling and Racing Control Act (ACT) to submit false claims for Keno prizes.

Section 3 Ticket/Voucher Details - Please provide as much information as possible to enable location of the ticket/voucher

- If you are making a claim for an old ticket/voucher in your possession, please attach to this claim

Venue where issue occurred _____ Date of Transaction / /

Time of Purchase _____ Ticket Cost \$ _____

Type of ticket (e.g. 7 numbers, Heads, Voucher) _____

Selected Numbers (if known) _____

Reason for claim, and any other additional supporting information:

Lodgement: Once completed you may send this claim via Post, Email, or Fax:

Via Post: Tabcorp Keno Operations & Compliance GPO Box 4168 SYDNEY NSW 2001	Via Email: Email a scanned copy of the completed form to: kenooperations@tabcorp.com.au	Via Fax: Fax completed form to: 02 9475 4762
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Office Use Only: Claim No. _____ Date Received: _____