



## **CLAIMANT INFORMATION SHEET GUIDELINES**

Please refer to these guidelines to ensure your Agreement is completed properly. Improperly completed forms can delay the processing of your prize claim.

### **SECTION 1:**

Clearly print:

- Name
- Address
- Date of birth
- Total prize amount.

If the ticket is held by more than one person, provide the total number of individuals sharing the prize.

### **SECTION 2:**

- Read the definition of “immediate relative” carefully
- Circle the correct answer (yes or no) for each organization.
- If you circle ‘yes’, provide the employee’s full name and his or her position with the organization, as well as your relationship to the employee.

### **SECTION 3:**

- Checkmark the correct answer (yes or no) for each question.
- If you answer ‘yes’ to one of the questions, provide the name of the location and the date of your lottery employment there.
- Sign and date the form on the lines provided.

### **IMPORTANT:**

The remaining section of the form is for internal use only.

# CLAIMANT INFORMATION SHEET

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Total Prize Amount: \$ \_\_\_\_\_ Number of Claimants: \_\_\_\_\_

**Do you or an immediate relative\* work for any of the following organizations?**

Western Canada Lottery Corporation	Yes	No	Northwest Territories Lottery Commission (NWT/NU Lotteries)	Yes	No
Alberta Gaming, Liquor & Cannabis	Yes	No	Interprovincial Lottery Corporation	Yes	No
Saskatchewan Lotteries	Yes	No	Pollard Banknote	Yes	No
Manitoba Liquor & Lotteries	Yes	No	International Game Technology (IGT)	Yes	No
Lotteries Yukon	Yes	No	Scientific Games International (SGI)	Yes	No

**If yes to any of the above, please provide the employee's full name and position with the organization:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Does your employer sell/cash Lottery tickets? Yes  No

Are you or have you ever sold/cash lottery tickets as part of your work duties?

Yes  No  If yes, where/when: \_\_\_\_\_

**I certify the information provided by me to be true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**[For Internal use:] IDENTIFICATION PRESENTED:**

Type:		Type:	
Name on ID:		Name on ID:	
Identification #:		Identification #:	

\*Immediate Relative" means in relation to a person:

- i) a spouse of that person within the meaning of the matrimonial property law applicable to that person;
- ii) a parent of that person, whether natural or adoptive or step-parent;
- iii) a child of that person, whether an adult, minor, natural, adopted or a step child;
- iv) a sibling of that person whether natural, adopted, full or half, or a step-sibling

Lotteries Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## **STATUTORY DECLARATION GUIDELINES**

Please refer to these guidelines to ensure your Declaration is completed properly. Improperly completed forms can delay the processing of your prize claim.

### **#1, 2 AND 3:**

Clearly print your full name, address and date of birth.

### **#4:**

Circle the #4 option which applies to your prize.

- If you are the sole holder of the prize, circle the first #4 option;
- If the prize is held by more than one individual, circle the second #4 option and print the first and last name of each co-holder on the lines provided.
- If the prize is held by more than two (2) individuals, please complete a Group Buying Agreement and print “As per the attached Group Buying Agreement” on the lines provided.
- If each individual’s share of the prize is \$1,001.00 or more, make copies of the blank Statutory Declaration and have each individual complete one.

Cross out the #4 option which does not apply to your prize.

- If the prize is held by more than one individual, cross out the first #4 option
- If you are the sole holder of the prize, cross out the second #4 option;

### **PAGE 2:**

Sign the Declaration in front of a Qualified Witness:

- After witnessing your signature, the Qualified Witness fills in the location (city and province) and the date (day and month), then signs the Declaration.
- The Qualified Witness must meet one of the requirements listed on Page 2 and either check the appropriate box or print/stamp their qualification on the line provided.

### **IMPORTANT:**

If the prize is shared, the Qualified Witness cannot be one of the co-holders.

**STATUTORY DECLARATION**

**CANADA** )  
 ) **IN THE MATTER OF:**  
 )  
 PROVINCE OF MANITOBA ) **THE FAMILY MAINTENANCE ACT**  
 )

I, \_\_\_\_\_ of \_\_\_\_\_  
 (print name in full) (print address in full)

do solemnly declare that:

1. I am the holder of a lottery ticket entitled to make a claim for a lottery prize of \$1,001.00 or more.
2. My address is correctly stated above.
3. My date of birth is \_\_\_\_\_  
 (day/month/year)

**(select one of the two paragraphs below and stroke out the one not selected)**

4. I am the sole person entitled to the lottery prize of \$1,001.00 or more.

**OR**

4. The following individuals are entitled to share in the lottery prize of \$1,001.00 or more:  
**(print the names of all individuals entitled to share in the prize below and on the reverse, if necessary)**


and these individuals **have / have not** entered into a written agreement concerning the purchase of the lottery ticket  
 (delete as appropriate)  
 to which this lottery prize relates.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of The Manitoba Evidence Act.

Declared before me at the \_\_\_\_\_ of \_\_\_\_\_ )  
 In the Province of Manitoba. )

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ )

\_\_\_\_\_) )  
 (signature of witness) )

\_\_\_\_\_) )  
 (signature of declarant)

\_\_\_\_\_) )  
 (printed name of witness)

**[For Internal use:]** Identification presented:

Type:		Type:	
Name on ID:		Name on ID:	
Identification #:		Identification #:	

Recorded by: \_\_\_\_\_ MEP Match: \_\_\_\_\_ No MEP Match: \_\_\_\_\_

MEP AUTHORIZATION MEP OFFICER: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorization to Pay:  YES  NO

## **STATUTORY DECLARATION**

### **Qualifications of Witness**

This statutory declaration may be declared before persons holding any of the following qualifications. Please check the appropriate box:

- a commissioner for oaths (provide commission expiry date);
- the Lieutenant Governor of Manitoba;
- the Clerk of the Executive Council of Manitoba;
- a justice of the peace or magistrate in Manitoba;
- a judge of any court in Manitoba;
- a master, referee, Registrar or deputy Registrar of the Court of Queen's Bench of Manitoba;
- a district registrar, deputy district registrar, or a deputy of a district registrar of any land titles office in Manitoba, or the Registrar-General under The Real Property Act;
- a barrister-at-law or attorney-at-law duly admitted and entitled to practice as such in Manitoba;
- a notary public appointed for Manitoba;
- a mayor, reeve, or clerk of any municipality, the resident administrator of any local government district, or the secretary-treasurer of any school district or school divisions established under The Public Schools Act;
- the chief sheriff or any sheriff in Manitoba or the deputy of any of them;
- a member of the Royal Canadian Mounted Police; or
- a surveyor authorized to practice under The Land Surveyors Act.