

# **SUPER PRIZE CLAIM INSTRUCTIONS**

- ALL CLAIMS OF TAXABLE PRIZES SHOULD BE SUBMITTED TO WEST BENGAL STOCKIEST SYNDICATE (P) LTD OFFICE 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
- ONLY DULY FILLED FORM ALONG WITH ALL NECESSARY DOCUMENTS WILL BE SENT TO DIRECTOR WEST BENGAL STATE LOTTERY ,KOLKATA
- THE DIRECTOR OF WEST BENGAL STATE LOTTERY SHALL DISBURSE SUPER PRIZE MONEY FOR ACCEPTED GENUINE CLAIMS AFTER MAKING NECESSARY DEDUCTION OF INCOME TAX ETC.
- SUPER PRIZE MONEY PAYABLE TO SELLER SHALL BE PAID IN THE FORM OF NEFT/RTGS ONLY.

**New Address**  
**Directorate of State Lotteries,**  
**23A, N.S. Road, Fortuna Tower**  
**(9th Floor),Kolkata-700001**

**Annexure-III**  
**Form for claim and Pre-receipt**  
**(For Super/Special Prize)**

**To**  
**The Director**  
**West Bengal State Lotteries,**

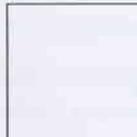
**The Required details are as follows:**  
**(to be filled in block letters)**

1. Name of the claimant (Agent/Seller) :
2. Postal Address with PIN code : .....
- ..... Mobile No. : .....
3. Prize Winning Ticket No. with series : .....
4. Category of Prize : .....
5. Number and Name of Draw : .....
6. Date of Draw : .....
7. Super/Special Prize Amount Rs. .... (Rupees ..... ) only
8. Name, Branch Name & Address of Banker with IFSC & Account Number : .....
9. Permanent Account No. (PAN ) : .....
10. I, hereby, declare that I am the owner/proprietor of \_\_\_\_\_ (Name of agency)  
and I am the Agent/Seller of the lottery ticket No. \_\_\_\_\_ of Draw \_\_\_\_\_ held  
on \_\_\_\_\_ which has won the \_\_\_\_\_ prize .

**Full Signature of Claimant (Agent/Seller)**

Advance receipt with Revenue Stamp acknowledging payment

Received payment



**Full Signature of Claimant (Agent/Seller)**

Certified that the claim and particulars given above are verified with all related documents and found correct. The Xerox copies of related vouchers/ money receipts are also submitted in support of the claim. The payment of Super/Special Prize for agent/seller in respect of ..... Prize of ..... Draw may be paid to.....

Date:

(Signature of the Distributor with seal)

**Office Use only**

The claim is verified with reference to the sold tickets, official result sheet and found correct. Hence may be passed for payment.

.....  
Dealing Assistant

.....  
Sr. Accountant/Supervisor

.....  
DDSL/JDSL

Passed for payment of Rs. .... (Rupees.....) only.

.....  
Deputy Director (A)

.....  
DDO/Joint Director (A & A)