WCLC

VLT Claimant Information Sheet

EXCHANGE TICKET UP TO A MAXIMUM OF $25,000

Name: _____

Address: _____

City/Town/Prov: _____ **Postal Code:** _____

Date of Birth: (M/D/Y)_____ **Email Address:** _____

Exchange Ticket Number: _____

Exchange Ticket Amount: $_____ **Expiry Date:** _____

Check One – Prize Payout Office for Claim:

☐ SASKATOON PPO ☐ REGINA PPO

I certify the information provided by me to be true.

_____ _____ _____

Signature ***Date*** ***Daytime Phone Number***

For Internal Use:

IDENTIFICATION PRESENTED:

1) Type of ID Presented: _____

Name on ID: (Last name 1st) _____

Identification Number: _____

Recorded by: _____ Phone Number: _____