Retailer please staple AFN Receipt here once processed

Lotterywest Player's Card Application

Fields marked with an asterisk (*) must be completed

*Title *First Name

Middle Name *Surname

(You must be at least 16 years of age)

*Date of Birth / / (Example 21/06/1965 21 June 1965) *Gender (please tick) Male Female

*Proof of Identity Document
(see options available on reverse)

*Identity Document Number

Syndicate Name (if applicable)

Can be printed on card, however cheques will only be payable to individual member.

*POSTAL ADDRESS

Unit/Level/Building

Street Number

Street Name

Suburb/Town State Postcode

Home number 08 Mobile number

From time to time, Lotterywest would like to communicate about our games, community events and community funding programmes. If you would like to receive information relating to these topics, please indicate below how you would like to receive this information. (You can choose more than one)

Via SMS

Via Email Address

Via Mail If you do not wish to receive further information about Lotterywest's special offers, please tick.

*How would you like to receive your winnings? (Please choose one option)

By cheque

Paid specifically into my Financial Institution Account

Financial institution account number BSB Number –

Account held in the name(s) of [No company names]

*Applicant Signature

*Date / /

THIS SIDE UP → SCAN THIS DIRECTION

Lotterywest Retailer Use Only

Identification Sighted Mandatory Fields (*) Completed

Retailer's Signature