



VLT CLAIMANT INFORMATION SHEET
EXCHANGE TICKET UP TO A MAXIMUM OF \$5,000

Name: _____

Address: _____

City/Town/Prov: _____ Postal Code: _____

Exchange Ticket Number: _____

Exchange Ticket Amount: \$ _____ Expiry Date: _____

I certify the information provided by me to be true.

Signature

Date

Daytime Phone Number

Mailing Address

P.O. Box 26030
Saskatoon, SK
S7K 8C1