

HASSRA Lottery Application Form

Employed member's application form



1. To be completed in all cases – Please use BLOCK CAPITALS

Surname	First Names	Title
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DEPARTMENT (Please tick) DH DWP or OTHER (Please specify)

NAME OF LOCATION

STAFF/PAYROLL NUMBER

DATE OF BIRTH

OR NATIONAL INSURANCE No.

ROOM NUMBER AND SITE (Where applicable)

2. New Lottery Member

Please tick the relevant box to indicate the number of tickets you require or enter the exact number and amount in the final boxes.

NB. The MAXIMUM monthly Holding is 20 tickets i.e. £20.

Tick	Number of £1 Monthly Tickets	Monthly Deduction
<input type="checkbox"/>	1	£1
<input type="checkbox"/>	2	£2
<input type="checkbox"/>	3	£3
<input type="checkbox"/>	4	£4
<input type="checkbox"/>	5	£5
<input type="checkbox"/>		£

3. Existing Lottery Member

Please increase/decrease my monthly holding of lottery tickets as indicated.

Enter "NIL" under 'New Number' and 'New Amount' if you wish to withdraw from the scheme.

Tick	New Number	New Amount
<input type="checkbox"/>		

I confirm that I am a member of HASSRA and hereby apply for a ticket or tickets in the HASSRA National Lottery. I authorise deduction of the sums shown above from my salary each month until further instruction.

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Signed Date

When you have completed this form please send it to:
**HASSRA Corporate Services, The Balcony, Level 2, The Adelphi,
 1-11 John Adam Street, London, WC2N 6HT**

*Members of HASSRA participate in the HASSRA Lottery solely upon the basis of their own assessment and judgement; and the Department of Health, Department for Work & Pensions, Treasury, Capita and any other body involved in the authorised deduction of Lottery contributions from members' salaries or pensions and payment of these to HASSRA neither offer any assurance as to the soundness of the scheme nor warrant, underwrite or accept responsibility or liability in any way whatsoever in connection with the operation of the HASSRA Lottery, or the application of monies so deducted or the allocation or distribution of prizes.