

HASSRA LOTTERY

EMPLOYED MEMBER'S APPLICATION FORM

When you have completed this form please send it to your HASSRA Association Secretary.

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

Surname	First Names	Title
DEPARTMENT (Please tick) DH <input type="checkbox"/> DWP <input type="checkbox"/> or OTHER <input type="checkbox"/> (Please specify) <input type="text"/>		
NAME OF LOCATION <input type="text"/>		
LOCATION CODE <input type="text"/>		
STAFF/PAYROLL NUMBER <input type="text"/>		
DATE OF BIRTH <input type="text"/>		
OR NATIONAL INSURANCE NUMBER <input type="text"/>		
ROOM NUMBER AND SITE (Where applicable) <input type="text"/>		

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.

Tickets are normally issued within 4 weeks after the first lottery deduction is taken from your salary.

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 _____