

ATTENTION : BENEFICIARY,

22<sup>nd</sup> December 2014

**RE: PRIZE AWARD FINAL NOTIFICATION.**

We are pleased to inform you the Results of the LOTERIA NACIONAL SPANISH SWEEPSTAKE LOTTERY/ INTERNATIONAL PROMOTIONAL PROGRAMME held on 22nd August 2014. and result was released on 20th December 2014 by 11.45am. Your "NAME" attached to e-Ticket Number: **200** with Serial Number: **6047305001-0** drew the Lucky Numbers: **79712** which consequently won the lottery in the 2nd International Jackpot Category. All Participants were selected through a computer ballot system drawn from 75, 000,000 "Online Identification Protocol" (OIP) from Asia, Australia, Africa, New Zealand, Europe, South America and North America as part of our international promotions program which we conduct once every year. We hope you draw a bigger cash prize in our next year's program.

You have therefore been approved for a lump sum pay-out of of **€1, 250,000.00 (ONE MILLION TWO HUNDRED AND FIFTY THOUSAND EUROS ONLY)** in cash credited to file with REF. NO. **ESP/76841284672/ SM**. This is from a total cash prize of: **THIRTEEN MILLION SEVEN HUNDRED AND SEVENTY THOUSAND AND FIFTY EUROS / ZERO CENTS (€13,770,050.00)** shared among the seventeen (17) international lucky winners in their respective categories. **CONGRATULATIONS!!!**

In compliance to the terms and conditions of the E.U. Lotteries and Gaming Authority we ask that you to keep this award from public notice until your winning prize claim has been processed and money remitted to you as this is part of our security protocol. To begin your lottery prize claim, find here attached to this letter the Payment Processing Form (FORM C6) which you are advice to fill completely and send via Fax To N°: **01134-912-725-299**. For the processing and remittance of your winning prize money and for any inquiry do not hesitate to contact the Claims Processing Agent: Dr. RICHARD JOSE RODRIGUEZ, the Foreign Operations Manager of **MAPFRE SEGUROS E.U** on Tel N°: **01134-645-908-169**.

**NOTICE:** All prize money must be claimed not later than, **31st January, 2015** and after this date all funds will be returned to the **Council of Lotteries and Gaming Authority** as unclaimed. And also be informed that 10% of the total prize money will be charge as processing and handling fees on your lottery prize money which will be remitted to: **MAPFRE SEGUROS E.U** after you have received your winnings because the money is already insured in your name as the Lotteries and Gaming Law requires. In order to avoid unnecessary delays and for us to serve you better always remember to quote your Reference and Batch numbers in every correspondence with us or your agent. Furthermore, should there be any change of your forwarded home address, do inform the claims agent as soon as possible. Congratulations once again from all our members of staff and thank you for being part of the International Lotteries and Gaming Promotions Program.

Lisa Santos F. Martí  
VICE-PRESIDENT,

**LOTERIA NACIONAL NAVIDAD**  
**22 - 12 - 2014**  
**LOT000014/ESP**  
**PASEO DE LA CASTELLANA 47**  
**28046 MADRID SPAIN**

**GOVERNMENT APPROVED**



NOTE: PLEASE COMPLETE THIS FORM AFTER CUTTING AND SEND BACK VIA FAX TO MAPFRE SEGUROS E.U, ALONG WITH A COPY OF YOUR IDENTITY FOR VERIFICATION PURPOSE. Tel: 01134-645-908-169, Fax: 01134-912-725-299. Email: [mapfreseguroseu@europe.com](mailto:mapfreseguroseu@europe.com)

SURNAME : ..... NAME : ..... AGE/SEX : ..... AMOUNT WON:.....

ADDRESS: ..... REF : ..... BATCH:.....

COUNTRY: ..... CITY : ..... POSTAL CODE: .....

MOBILE: ..... TELEPHONE: ..... FAX : .....

PROFESSION: ..... EMAIL: ..... LAST CLAIM DATE: .....

PAYMENT OPTIONS: (1) BANK TRANSFER  (2) CERTIFIED CHEQUE  (3) SELF PICK UP

BANK NAME: ..... BANK ACCOUNT N°:.....

SWIFT CODE: ..... BANK ADDRESS:.....

*Declaration*

I (MR/MRS) ..... HEREBY DECLARE THAT I HAVE NEVER RECEIVED ANY PAYMENT ON MY BEHALF BY MAPFRE SEGUROS E.U. NOR HAVE ANY OF MY FAMILY MEMBERS FILED A CLAIM ON MY BEHALF. I HEREBY GIVE THE AUTHORIZATION TO MAPFRE SEGUROS E.U. TO ACT ON MY BEHALF IN PROCESSING AND TRANSFER OF MY PAYMENT TO THE DESIGNATED BANK INFORMATIONS STATED ABOVE. I ALSO AGREED TO PAY 10% COMMISSIONN TO MAPFRE SEGUROS E.U, UPON RECEIPT OF MY MONEY IN MY ACCOUNT.

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