

1. Your details (please print in block capitals)

Title:	First Name:
Surname:	
Address:	
Postcode:	
Tel:	Mobile:
D.O.B:	
Email:	

2. Payment frequency

How many entries would you like each week? (Each entry costs £1 per week)

<input type="checkbox"/> Monthly / £4.34 Direct Debit only	}	X
<input type="checkbox"/> Every 13 wks / £13		
<input type="checkbox"/> Every 26 wks / £26		
<input type="checkbox"/> Every 52 wks / £52		=

How often do you want to pay? (Please tick payment frequency & write amount in box)

Total amount payable: _____

If you do not wish your name to be publicised if you win, please tick here

If you would like to receive lottery correspondence via email, please tick here

3. Select your payment method

Payment by Direct Debit

Please fill in the form and return to The Forces Lottery

Name(s) of Account Holder(s): _____

Branch Sort Code: _____

Bank/Building Society account number: _____

Instruction to your Bank or Building Society

Please pay The Forces Lottery from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with The Forces Lottery and, if so, details will be passed electronically to my Bank/Building Society.

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts



Instruction to your Bank or Building Society to pay by Direct Debit



Service User Number: **2 7 7 9 3 7**

Reference: _____
(For office use only)

Signature: _____

Date: _____

Payment by Cheque

I enclose a Cheque made payable to The Forces Lottery (minimum payment £13)

4. Your contact preferences

Please indicate how you would like to receive updates from The Seafarers' Charity:

Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Your consent to play



(I confirm I am over 16 and a resident of GB)

Signature: _____

Date: _____

For office use only: **PDFFORM**