

Application Form (RNR/RMR)

RN/RM Sports Lottery

Unit: HMS

Surname & Initials	Rank/Rating	Service Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A Applicant

I wish to apply for chances in the Sports Lottery (maximum of 6 at £3.25 per ticket).

Monthly Standing Order mandate attached.

Signature

Date

B Prize notification – Should I be a prize winner I wish to be notified via:

I – my CO at HMS

II - my home address

Post Code Tel No.

C Sports Lottery Manager

1. Total number of chances now allocated:

2. Start date End date

Signature

Date