

Company/club name:

		pa,, o.a.ca			
payable to the syndicate co-ordin	ng the Syndicate Agreement, the individuals listed have all agreed to participate jointly in a LOROS Lottery syndicate. Winning cheques will be made to the syndicate co-ordinator only. Any action thereafter will be the responsibility of the syndicate co-ordinator. For more information and to review the disconditions visit www.loros.co.uk/gamblingandyou				
NAME (INCLUDING TITLE) and SIGNATURE	ADDRESS (INCLUDING POSTCODE)	DATE OF BIRTH (PLAYERS MUST BE AGED 18 OR OVER)	*EMAIL	**STOP Do not contact me about anything via post or email	

It is your responsibility to notify us of any change to the above members of the syndicate. Please complete and return this agreement, along with your application form to: LOROS Lotteries Limited, LOROS Hospice, Groby Road, Leicester LE3 9QE.

Syndicate Co-ordinators Name:

LOROS (including LOROS Lotteries Limited and LOROS Enterprises) will not share your data with anyone apart from suppliers working on our behalf (e.g. a mailing house to send you our post including raffle tickets). LOROS (and our Data Protection Officer) can be contacted via the contact details provided. You have the right to opt out of mailings at any time and other rights outlined in the Privacy Policy on our website.

^{*}Your support really makes a difference and unless you tell us to stop we will keep you updated with our news, activities and appeals by post. If you are also happy to hear from us by email, please write your email address in the box next to your name and address above.

^{**}Tick the STOP box if you don't want to hear from us about anything at all via post or email.

1. About you (Please write your name in block capitals)	2. Your payments	
Title First name	How many entries would you like each week?	
Surname	How often would you like to pay? (Please tick payment frequency	
Address	Monthly @ £4.34* per entry (Direct Debit only)	
Postcode:	Every 13 weeks @ £13 per entry	
Tel/Mob	Every 26 weeks @ £26 per entry	
Email	Every 52 weeks @ £52 per entry	
DOB Players must be aged 18 or over	How would you like to pay? Payment day (c	
How did you hear	Direct Debit Cheque 1st 15t	
about the LOROS Lottery? Play lottery number(s) in memory of	For office use:	
Play lottery number(s) in memory or		
Instruction to your bank or building society to pay by Direct Debit Negocia Care for Lacontic, Liconomistra & Ruder LOROS Lotteries Ltd, & Barshaw Park, Leycroft Road, Leicester LE4 1ET		
Name and full address of your bank or building society To: The Manager Bank/building society	Service user number 5	
Address	Reference	
Postcode	Instruction to your bank or building society Please pay LOROS Lotteries Limited Direct Debits from the account detailed in this li subject to the safeguards assured by the Direct Debit Guarantee.	
Name(s) of account holder(s)	I understand that this Instruction may remain with LOROS Lotteries Limited and, if so be passed electronically to my bank/building society.	
Bank/Building society account number Branch sort code	Signature(s)	
	Date	
Banks and building societies may not accept Direct Debit Instructions for some types of account		
3. Your consent to play (I confirm that I am a UK resident) Signal	ture	