

NHS LANARKSHIRE LOTTERY APPLICATION FORM



Part A: To be completed by all applicants

Full Name: Job Title:

Department: Hospital/Base:

I am paid: Weekly Monthly (please tick appropriate box)

Part B: I am not a member of the lottery but want to join

Number of chances required (Maximum 10)

Enter details from your Payslip:

Staff Pay Number								Pay Div	Pay Group	Pay Point	No of chances x £1.20(monthly) No of chances x 28p (weekly)				Leave Blank					
L											£	£	P	P	0	1	m	m	y	y

Part C: I am already a member of the lottery but want extra chances

Number of chances already held + number of extra chances
= New total

Staff Pay Number								Pay Div	Pay Group	Pay Point	No of chances x £1.20(monthly) No of chances x 28p (weekly)				Leave Blank					
L											£	£	P	P	0	1	m	m	y	y

Part D: To be completed by all applicants

I authorise the deduction of lottery subscriptions from my salary/wages with effect from the first day of the month following receipt of this form in the Lottery Office until cancelled by me in writing or until the termination of my membership of the Health for Lanarkshire Society.

Signature Date

Return completed form to:
NHS Staff Benefits office, Western General Hospital, Crewe Road South, Edinburgh EH4 2XU