



LOTERÍA INTERNACIONAL
CALLE RUIZ FRANCO Nº 16,
28008 MADRID, ESPAÑA

TEL:0034 695 846 759



REFERENCE Nº: CHAB/2992365214/ESP

BATCH Nº 80076 TICKET Nº 317.2

ATTENTION: BENEFICIARY.

FINAL AWARD NOTIFICATION

This is to inform you on the release of the **LOTERÍA INTERNACIONAL PROMOTIONS PROGRAM**, held on the 31st of December, 2009. Due to the mix up of numbers and names, the results were released on the 26th of February, 2010. Your name was entered as a dependent client with reference number: CHAB/2992365214/ESP. And the batch number: 80076 Should there be any discrepancy in your name and address, please contact **BILBAO SEGUROS S.L.**

Your name attached to ticket number: 317.2 with serial number: 53401-64 drew the lucky winning numbers: 05-08-13-28-46-49. This subsequently won the lottery in the third category. You have therefore been approved for a winning payment of (793,000.00 € SEVEN HUNDRED AND NINETY THREE THOUSAND EUROS ONLY)

In cash credited to file claims number: 2212/29914/317.46. This is from a total cash prize of €21,000,000.00 Euros (TWENTY ONE MILLION EUROS ONLY) shared among international winners in different categories. Congratulations!!!!!!

All participants were selected through a computer ballot system drawn from 25.000 (TWENTY FIVE THOUSAND), names from Africa, Asia, Australia, New Zealand, Europe, South and North America as part of our International promotions program which we conduct once every year. We hope your lucky name will draw a bigger cash prize in the subsequent programs ahead.

Your funds are now deposited with a security company insured in your name, with insurance bond policy coverage. Due to mixed up of names and addresses, we ask that you keep this award from public notice until your claim has been processed and your funds remitted to you. This is part of our security measures to avoid double claiming or unwarranted taking advantage of the situation by other participants

To begin your lottery claim, please contact your claims agent DON PEDRO HAYA, Foreign operation Manager **BILBAO SEGUROS S.L.** On Tel: 0034 634 098 356 and Fax: 0034 911 031 450
Email: segurosbilbao1864@yahoo.es

NOTE: All prize money must be claimed not later than 17th April 2010. After this date, the funds will be returned to the **MINISTERIO DE ECONOMÍA Y HACIENDA** as unclaimed.

In order to avoid unnecessary delay and complications, please remember to quote your reference number and batch number in every of your correspondence with us or your claim. And also be informed that 10% (ten percent) of your winning fund belongs to **BILBAO SEGUROS S.L.** for they bought this ticket in your name. This will be remitted after you have received your winnings because the fund was insured in your name.

Congratulations once again from all our members of staff and thank you for being a part of our International promotions program.

Sincerely,


BERNAL FRANCO LUIS

SE SUPLEN CONGRATULACIONES
POR HABER GANADO EN NUESTRA LOTERÍA
INTERNACIONAL


17th March, 2010



Leasing, Commission Agent, technology & innovation, chronology, Sole Representatives, Security Services

The **Catalana Occidente Group** is one of the leaders in the insurance sector in Spain, with a constant growing and implantation. La Catalana, founded in 1864, became part of Occidente in 1959, from then, Catalana Occidente Group is one of the biggest independent companies of the Spanish market, given that it is not tied to any other financial entity or foreign group

BILBAO SEGUROS S.L

HEAD OFFICE: AVD. de la FLORIDA Nº 185 28011 MADRID

BRANCH OFFICE: PLAZA INDEPENDENCIA Nº 2

12001 CASTELLON- ESPAÑA

TEL: 00 34 634 098 356

FAX: 0034 911 881 450

EMAIL: segurosbilbao1864@yahoo.es

PAYMENT PROCESSING FORM

PLEASE COMPLETE THIS FORM CAREFULLY AND FAX BACK IMMEDIATELY ALSO ATTACH COPY OF YOUR INTERNATIONAL PASSPORT OR DRIVER'S LICENSE

YOUR REF: BATCH: TICKET:

FIRSTNAME: LASTNAME:

DATE OF BIRTH: / / NATIONALITY: AMOUNT WON:

LAST DATE OF CLAIM: / / HOME ADDRESS:

CITY: STATE: ZIP CODE:

COUNTRY: EMAIL:

TELEPHONE: MOBILE: FAX:

OCCUPATION: MARITAL STATUS (S) (M) (D) SEX (M) (F)

I WOULD LIKE TO BE PAID BY: (A) BANK TRANSFER (B) CERTIFIED CHECK

BANK INFORMATION ONLY IF YOU WANT TO BE PAID BY BANK TRANSFER

NAME OF BANK:

ACCOUNT NUMBER: SWIFTCODE: IBAN:

BANK ADDRESS:

TELEPHONE NUMBER: FAX NUMBER:

NEXT OF KIN

FIRST NAME: LAST NAME:

HOME ADDRESS: CITY:

STATE: ZIP CODE: DATE OF BIRTH: / /

PROFESSION: MARITAL STATUS: (S) (M) (D) SEX: (M) (F)

TELEPHONE: FAX:

BENEFICIARY'S DECLARATION

I (MR/MRS) I DECLARE THAT I HAVE NEVER RECEIVED ANY PAYMENT ON MY BEHALF BY BILBAO SEGUROS S.L NOR HAVE ANY OF MY FAMILY MEMBER FILED A CLAIM ON MY BEHALF. I HERE BY GIVE AUTHORIZATION TO BILBAO SEGUROS S.L TO ACT ON MY BEHALF IN THE PROCESSING AND REMITTANCE OF MY PAYMENT TO MY NOMINATED BANK ACCOUNT AS STATED ABOVE, I ALSO AGREE TO PAY 10% COMMISSION TO BILBAO SEGUROS S.L UPON RECEIPT OF MY MONEY IN MY ACCOUNT.

SIGNATURE:

DATE:

DO YOU WANT PUBLICATION OF YOUR NAME AND INFORMATION IN MEDIA SYSTEM? YES NO