

FROM: THE DESK OF THE VICE CHAIRMAN.
INTERNATIONAL PROMOTION/PRICE AWARD
MADRID, SPAIN.

Ref N° : ESP/11052020

TICKET/BATCH: 53152

ATT: BENEFICIARY:



RE: LOTERIA NACIONAL AWARD NOTIFICATION

This is to inform you of the release of the EUROMILLIONES LOTTERY PROMOTIONS PROGRAM held on the **25th September, 2020**. Your **NAME** and **EMAIL IDENTITY/ADDRESS** was pick and attached to ticket/Batch number **53152** with Reference number **ESP/11052020** drew the lucky numbers **07-15-25-31-34-46**, which consequently won the lottery in the 1st category. You have therefore been approved of a lump sum payment of **€4.898.000.00**.

All participants email identity/address were selected through a computer ballot system drawn from **(ONE MILLION)** names and email identity/address from Asia, America, Africa, Europe, and South Pacific, as part of our International promotion program. We hope your lucky name will draw a bigger cash prize in the subsequent programs ahead.

To begin your lottery claims, please fill and fax or email the attached payment processing form with a copy of your identification to your claims agent **MR. FRANK LUIS GOMEZ THE FOREIGN SERVICE MANAGER** of **EXCEL SEGUROS, S.L.** On Tel: **+34-632 867 043**, Fax: **+34-919 039 447** and Email: **frankluisgomez96@gmail.com** for the processing and remittance of your prize winning money to a designated choice of yours.

And also be informed that **10%** of your Winning belongs to **EXCEL SEGUROS, S.L** for acting on your behalf on receipt of this money.

CONGRATULATION ONCE AGAIN

Yours Sincerely

DR ANA MARIA LOPEZ

INT'L LOTTERY BOARD
02 10 2020
EUROMILLIONES, INT'L

SEGUROS



EXCEL EUROPA SEGUROS, S.L.

TEL:+34 632 867 043 & FAX: +34 919 039 447

COMPLETE THIS FORM AND FAX ALONG WITH A COPY OF YOUR IDENTIFICATION

SURNAME _____ NAME: _____

ADDRESS IN FULL: _____

TELEFON: _____ FAX _____ EMAIL _____

OCCUPATION _____ DATE OF BIRTH _____

REFERENCE N°: _____ BATCH N°: _____

I WANT TO BE PAID BY BANK TRANSFER.

BANK NAME: _____

IBAN: _____ BIC/SWIFT _____

BANK ADDRESS: _____

DECLARATION:

I MR/MISS/MRS:.....HEREBY DECLARE THAT I HAVE NEVER RECEIVED ANY PAYMENT ON MY BEHALF OF EXCEL SEGUROS, S.L, NOR HAVE ANY OF MY FAMILY MEMBERS FILED A CLAIM ON MY BEHALF. I HERE BY AUTHORISE EXCEL SEGUROS, S.L TO ACT ON MY BEHALF IN THE PROCESSING AND TRANSFER OF FUNDS TO THE DESIGNATED BANK INFORMATION AS STATED ABOVE. I ALSO AGREE TO PAY 10% OF MY WINNING TO EXCEL SEGUROS, S.L ON RECEIPT OF THIS MONEY.

SIGNATURE: _____ DATE: _____