

SUNCOASTLOTTO.ORG
234 BATTERY BEACH ROAD, DURBAN
DURBAN, KWAZULU NATAL
SOUTH AFRICA
TEL: +27-82-7198810
FAX: +27-11-5075181
EMAIL: contact@suncaostlotto.org



ATTN: MICHELLE LEDESMA

Date: 15TH MAY 2003

Dear Sir / Madam,

After due verification we hereby acknowledge the legitimacy of your claim hence we are ready to remit your winnings into your account. We are in receipt of your claims file, with reference Number REF: **ZAR/900982/2003** and **BATCH NO: 08/11810/ZIE**. Note that you have until 2 weeks to make claims starting from the day you were notified as a Winner, failure to comply before the stipulated due date will result to disqualification. We are very strict with deadlines.

Be informed that we have in our possession instruments of payment for the sum of **ZAR15,000,000 (US\$1,700,000)** to you. Please fill the Transfer Application Form attached herewith and send back either by Fax or by email, as this will stand as a reference until your Attorney comes to sign in person the original documents.

We advice you hire the services of the below accredited legal representative, recognized by this organization, he is familiar with matters of this nature. Feel free to liaise with him.

BARRISTER FRANK BRODIE
BROWN BRODIE ATTORNEYS
TEL: 27-83-4779529

You are therefore advice to hurry in claiming your prize to avoid disqualification. Once all payment endorsement / Notarization has been signed by your Legal representative (Attorney), we shall instruct our paying bank to remit the said sum into your account, within 4 banking days it should be in your nominated bank account.

A certificate of prize claim will be sent to you via Courier service immediately transfer of your funds is effected. Note that the funds will be transferred within 24hrs upon fulfillment of all the requirements.

You can reach me on Line: 27-82-7198810, should you require any further assistance.

Congratulations on your win!!!

F.M.F & E.C.D.

Sincerely,

APPROVED BY:
SIGN: **DATE:**

Sigele Dlamini
Foreign Service Manager
(Claims Department)



Original

Date:.....

FORM II

THIS FORM IS ISSUED FOR FOREIGN TRANSFER ONLY

PLEASE READ CAREFULLY AND FILL IN THE APPROPRIATE INFORMATION IN ALL SPACES PROVIDED

USE CAPITAL LETTERS THROUGHOUT THIS FORM

1. PARTICULARS OF BENEFICIARY(S)

COMPANY NAME:

ADDRESS:.....

.....

2. ACCOUNT WITH

BANK NAME:

ADDRESS:

.....

TELEX NO: TEL NO:.....

FAX: A/C NO:

3. AMOUNT APPLIED FOR:

.....

NAME:

AND AMOUNT IN WORDS

.....

4. PURPOSE OF TRANSFER:

5. BENEFICIARY'S DECLARATION

I/We declare that the above statements are true and the payment is solely for the purpose stated herein, and is in accordance with the provisions of the Exchange Control Act of 1902.

.....
SIGNATURE OF BENEFICIARY

FULL NAME:..... DATE:

A.

FOR OFFICIAL USE ONLY

CHECKED AND PASSED FOR:

CHECKING OFFICER: BRANCH:

DATE: TIME: