



National Concessionary Fare Pass – Application Form

For office use ONLY:-

Expiry Date*: - -
DD MM YYYY

Card Validated

Type of Pass: (please tick one)

Over 60s Pass

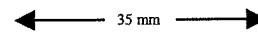
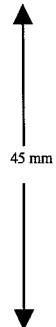
Disabled Person's Pass

Companion: (please tick if required)

Companion allowed

Photo:

Please attach your photo, provide the relevant proofs to confirm entitlement, sign and date the form at the bottom and return to the address shown below as soon as possible.



Personal details:

Complete your details below using black ink and BLOCK capitals (fields marked * are essential)

Title*:

First Name*:

Middle Name:

Surname*:

House/Flat No*:

Building Name*:

Street*:

Town/City*:

County*:

Post Code*:

Date of Birth*: - -

Telephone:

Email Address:

Please sign:

PLEASE NOTE THAT DETAILS OF ALL HOLDERS OF PERMITS ARE HELD ON A DATABASE TO BE USED FOR THE ISSUE OF FUTURE PERMITS. ANY INFORMATION HELD WILL BE IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998.

FROM TIME TO TIME OTHER COUNCIL DEPARTMENTS MAY WISH TO CONTACT RESIDENTS IN THE BOROUGH TO ADVISE OF NEW SERVICES OR FACILITIES. IF YOU WOULD LIKE TO RECEIVE THIS KIND OF INFORMATION, PLEASE TICK THE ADJACENT BOX

YOUR SIGNATURE BELOW CONFIRMS THAT YOU UNDERSTAND YOUR DETAILS WILL BE HELD BY SPELTHORNE BOROUGH COUNCIL OR ITS AGENTS FOR ISSUING BUS PERMITS, AND MAY BE USED BY OTHER COUNCIL DEPARTMENTS TO ADVISE YOU OF NEW SERVICES IF YOU HAVE TICKED THE BOX ABOVE.

SIGNED:.....

DATED: - -

Have you remembered to attach your photograph?

If you are applying for a **Senior Citizen Permit**, please provide proof of age and residency.
If you are applying for a **Disabled Permit**, please provide proof of disability and residency.
Details of Disability will be held on our database in accordance with the Data Protection Act 1998.

spelthorne16052008V3

CPICC Ref: 21408

Return address:

**Cashiers and Other Revenues
Spelthorne Borough Council
PO Box 290
Staines
Middlesex
TW18 1UX**

FAIR PROCESSING NOTICE

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

**For further information, see www.spelthorne.gov.uk/fair_processing
Or contact Mr Ian Buddery on 01784 446434, e-mail buspasses@spelthorne.gov.uk**

FOR OFFICIAL USE ONLY

PROOF SEEN BY:
DISABILITY TYPE:
PROOF OF AGE:
PREVIOUS PERMIT NO.:
NEW PERMIT NO.:

DATE SEEN:
RESIDENCY:
REPLACEMENT FEE PAID:
EXPIRY DATE: