MERTHYR TYDFIL COUNTY BOROUGH COUNCIL

BUS PASS APPLICATION FORM

You may also need to complete an Eligibility Assessment Form if you are a disabled person and you are unable to travel without someone else's help.

I am applyiing fo	or a Co	onces	sior	nary E	Bus Pa	ass t	ecau	se I a	m ov	er 60	year	rs of	age						
Title :- (🖌)	Mr]	Mrs			Miss			Ms			Othe	r]	Geno	ler (N	I/F)	
Please complete	the s	ectio	n be	elow	in BL	оск	CAPI	TALS							 				·
First Name(s)							<u> </u>												
Surname																			
Address		<u> </u>																	
Town/Village																			
Postcode										Tel. No.									
Date of Birth]										

Declaration :-

Data Protection Act 1998 : Information provided by you will be held and automatically processed on a computer system . The Council will take all reasonable precautions to ensure confidentiality to comply with the principles contained within the Act. The information may be compared with other personal data held by the Council in order to aid prevention of fraud in the administration of public funds and may be used for cross Authority comparison purposes.

I can confirm that the information given is correct. I understand that if any details are found to be false my pass will be cancelled and I may have to pay any costs arising from the issue or use of the pass

Signed : Date :

FOR ISSUING OFFICE USE

I confirm that I have seen the following documents to confirm proof of eligibility and proof of address :

Proof of Eligibility	V
Birth Certificate	
Retirement Pension Book	
Passport	
Driving Licence	

Proof of address	<u> </u>
Council Tax Bill	
Utility Bill	
Rent Book	
Bank Statement	
Driving Licence	

Officers Name : Date :

Pass Number :