

Transfer of value application form (Lost/Stolen card)

Please print clearly using block letters

OFFICIAL USE

Date Stamp

- Lost/stolen cards will be blocked irreversibly, but in some cases contactless payments can still occur.
- MyCiti cannot be held liable for the loss of remaining value after the card was lost/stolen.

1. Passenger details *This information will only be used for identification, and will not be shared or used for any other purpose.

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Email	<input type="text"/>			Cellphone	<input type="text"/>

* Copy of your ID document/ driver's licence/ passport MUST be attached

2. Card Details

Transport Information Centre reference no. (if available)

Original card number <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Replacement card number <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Original receipt no. <small>Or any product load purchase</small> <input type="text"/>	Replacement receipt no. <input type="text"/>
<small>* Copy of lost/stolen card purchase receipt or any product load purchase receipt to prove ownership MUST be attached</small>	<small>* Copy of replacement card purchase receipt MUST be attached</small>

3. Affidavit made by passenger

Date card was lost/stolen ____ / ____ / 20____ Time card was lost/stolen ____:____ Location

Provide details of the incident

SAPS case no, if card was stolen

4. Verification of affidavit by SAPS or Law Enforcement

Stamp or signature Officer name Date ____ / ____ / 20____

5. Declaration If the applicant is under 18 years, this form will need to be signed by a guardian

I, the undersigned, understand that providing untrue information constitutes fraud and certify that the information provided is true in all respects.

Signature of applicant or guardian _____ Date ____ / ____ / 20____

Customer Slip Cashier to complete, tear off and hand slip to passenger for hardcopy submissions

Passenger name	<input type="text"/>	Station submitted	<input type="text"/>	Date	____ / ____ / 20____
Cashier name	<input type="text"/>	Cashier signature	<input type="text"/>	Time	____:____

Original card number <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Replacement card number <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
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Keep this slip as proof of submission. Use your surname as the reference for enquiries. The Transport Information Centre will contact you if any transfers are outstanding.

POPIA DISCLAIMER

By completing this (form/register, insert whichever one is applicable), I understand and consent that (i) my personal information will be processed by the City of Cape Town, for purposes of and in relation to the City of Cape Town's programmes and community initiatives, and that such processing shall comply with the provisions of POPIA and any other applicable law; (ii) I may, at any stage, withdraw my consent but acknowledge that the City of Cape Town may still process my personal information if the law allows or requires this; and (iii) I also have the right to request access to my personal information and where necessary request the deletion, correction or destruction of such personal information.



CITY OF CAPE TOWN'S PUBLIC TRANSPORT SERVICE

Call the Transport Information Centre (free call 24/7) 0800 65 64 63

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