

Card Replacement Application Form

Please print clearly using block letters

OFFICIAL USE

Date Stamp

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"/>

2. Card Details Please provide details of the myconnect card that you wish to replace

myconnect card number --- myconnect expiry date ____/____/____

3. Application type Please tick the correct option below

<input type="checkbox"/> Replace faulty card <small>(If the issue is due to a system fault, your replacement card will be issued at no cost. If the card has been physically damaged, the cost will be as per the tariff.)</small>	OR	<input type="checkbox"/> Replace expired/expiring <small>The cost of replacing an expired or expiring myconnect card is as per the tariff, unless otherwise stated for marketing or promotional purposes.</small>
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* Your replacement card will be issued immediately. Value will be transferred immediately where possible, and may otherwise take up to 10 working days.

4. 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____

For official use only

Cashier name	<input type="text"/>	Cashier signature	<input type="text"/>
Station/Location	<input type="text"/>	Date	____/____/20____
		Time	____:____
Replacement card no.	<input type="text"/>	Replacement receipt no.	<input type="text"/>

Replacement type (Tick one option)

A. Faulty card chip	<input type="checkbox"/>	D. Damaged card	<input type="checkbox"/>
B. Faulty card aerial	<input type="checkbox"/>	E. Expiring card	<input type="checkbox"/>
C. Damaged card	<input type="checkbox"/>	F. Expired card	<input type="checkbox"/>

Checklist: Tick all that apply (unticked = No/N/A)

Mover Points	<input type="checkbox"/>	Monthly Pass	<input type="checkbox"/>
<small>Transfer completed</small>		<small>Transfer completed</small>	
Transfer receipt/s	<input type="checkbox"/>	Card sales receipt/s	<input type="checkbox"/>
<small>(Attached?)</small>		<small>(Attached?)</small>	
Infobox loaded	<input type="checkbox"/>	PIN changed	<input type="checkbox"/>

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	Replacement card number
<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

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

www.myciti.org.za



MyCiTi Bus



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