Card replacement and value transfer

OFFICIAL USE

Date Stamp

Please print clearly using block letters

1. Passenger details

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

05/26

Title | Name | Surname

Email | Cellphone

2. Card details

*Please provide details of the **my**connect card that you wish to replace*

myconnect card number

myconnect expiry date ___ / ___

(If applicable)

3. Application type

Please tick the correct option below

Replace faulty card ☐

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.

Replace expired/expiring card ☐

*The cost of replacing an expired or expiring **my**connect card is as per tarrif, unless otherwise stated for marketing or promotional purposes.*

* 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: | Cashier signature:

Station/Location: | Date ____ / ____ / 20____ | Time _____ : _____

Replacement card no. | COM used for replacement:

Replacement type (Tick one option)

A. Faulty card ☐ C. Expiring card ☐

B. Damaged card ☐ D. Expired card ☐

Processing Verification Checklist: Tick all applicable items, leave blank if not applicable

Card transfer of all products to new card ☐

Transfer completed

Transfer receipt/s ☐ *(Attached?)*

Card sales receipt/s ☐ *(Attached?)*

Customer Slip

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

Passenger name: | Station submitted: | Date ____ / ____ / 20____

Cashier name: | Cashier signature: | Time _____ : _____

Transfer completed at kiosk level Yes ☐ No ☐

Original card number

Replacement card number

Keep this slip as proof of submission. Use your surname as the reference for enquiries.

POPIA CONSENT

By completing this form, 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.

PRIVACY POLICY

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