## **Refund Application Form** *Please print clearly using block letters*

Date stamp

Title       Name       Surname         Email       Cellphone         Card No. (last 8 digits)       Card No. (last 8 digits)         This information will only be used for identification, and will not be shared or used for any other purpose.         2. Refund application details         I think have been charged incorrectly       OR         I have a refund slip and bank slip from a card vending machine (CVM)         • You need to submit the reducted bank slip.         Date of incident:       Time of incident:         Bus number:       Penalty(Yes/No)         Value Disputed:       R         Station/stop tapped IN at:       Station/stop tapped OUT at:         Please provide details of the incident (incomplete, incorrect or illegible applications will not be processed):         Station/stop tapped IN at:       Station/stop tapped OUT at:         Please provide details of the incident (incomplete, incorrect or illegible applications will not be processed):         Station/stop tapped IN at:       Station/stop tapped IN at:         Station/stop tapped IN at:       Station/stop tapped IN at:         Please provide details Complete only if the cord to be refunded is a different myconnect cord to the one listed in Section 1         Number of the myconnect card to be refunded       Reson for refund to a different card         L       Declaration If the applicant is under 18 yeors,	Name						
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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 Towr 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 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 rec	igned, understa f applicant or g ial use onl ne ent attached er slip Cash name name Passe passe this (form/register	and that providing untru         guardian         y         Yes:       No:         ier to complete, tear of         ier to complete, tear of         ngers will receive a reference         ngers will receive communication         r, insert whichever one is app         City of Cape Town's program	Cashier signature CVM refund slip AN Cashier signature Station submitted Compared Station submitted Cashier signature Cashier signature Cashier signature Cashier signature Cashier signature Prom the TIC by email, SMS or ation from the TIC on the outcome of the POPIA DISCLAIMER	and certify that t and certify that t ND redacted bar or hardcopy subr as proof of submission telephone when this is application and refu (i) my personal informat such processing s	the information pro	Date Yes: Date Time d at the TIC. applicable. ed by the City o ovisions of POF	f Cape Town, for PIA and any other



Siyajikeleza. Laat Wiel. Going Places.

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