Monthly Pass Reimbursement Form

Please print clearly using block letters

OFFICIAL USE

Date stamp

1. Passenger details	
Title Name	Surname
Email	D/Passport number*
Cellphone	Landline
myconnect card number	
*This information will only be used for identification, and will not be shared or used for any other purpose.	
2. Application details	
I had a Monthly Pass (excluding Airport) OR	I had a Monthly Pass Premium (including Airport)
Motivation:	
Tourist Transfer of the Control of t	
5-day bus strike – 12 to 16 April 2017	
5 day bus strike 1	2 to 10 April 2011
Incomplete, incorrect or illegible applications will not be processed.	
Name of MyCiTi station where you are submitting this application:	
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	
For official use only	
Cashier name Cashier signat	ure Date
AFC (Contractor) confirmation of eligibility for reimbursement Yes	No No
Number of days eligible	
Forcelink Reference Number	
Customer slip Cashier to complete, tear off and hand slip to passenger for hardcopy submissions	
Passenger name Station submit	ped Date
Cashier name Cashier signat	ure Time
myconnect card number	

- Passengers should keep this tear-off slip as proof of submission and to claim reimbursement, if eligible.
- Applicants will only be reimbursed if they are eligible, and on presentation of the myconnect card reflecting the card number entered on this application form.
- To be reimbursed, passengers should wait 7 days from the date of application before visiting the station kiosk where the application was submitted.







