

Application for replacement of card and transfer of value

Please print clearly using block letters

OFFICIAL USE

Date stamp

1. Passenger details

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

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

2. Card details

Please provide details of the **myconnect** OR single-trip card that you wish to replace

myconnect card number	<input type="text"/>	myconnect expiry date	<input type="text"/>
Single-trip card number	<input type="text"/>	Single-trip Airport	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. Application type

Please tick the correct option below

<input type="checkbox"/> Replace faulty card	OR	<input type="checkbox"/> Replace expired/expiring card
<ul style="list-style-type: none">Your replacement card will be issued immediately.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.Value will be transferred immediately. If the card cannot be read, please allow up to 10 working days.		<ul style="list-style-type: none">Your replacement card will be issued immediately.The cost of replacing an expired or expiring myconnect card is as per the tariff, unless otherwise stated for marketing or promotional purposes.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 _____

For official use only

Date stamp required by cashier

Cashier name	<input type="text"/>	Cashier signature	<input type="text"/>		
Location/station	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>
Replacement card no	<input type="text"/>	Replacement receipt no	<input type="text"/>		
A. Faulty card chip — replacement card [R0.00]	<input type="checkbox"/>	E. Expiring card — replacement card [as per tariff]	<input type="checkbox"/>		
B. Faulty card aerial — replacement card [R0.00]	<input type="checkbox"/>	F. Expired card — replacement card [as per tariff]	<input type="checkbox"/>		
C. Damaged card chip — replacement card [as per tariff]	<input type="checkbox"/>	G. Faulty single-trip card — replacement card [R0.00]	<input type="checkbox"/>		
D. Damaged card aerial — replacement card [as per tariff]	<input type="checkbox"/>	H. Damaged single-trip card — replacement card [as per tariff]	<input type="checkbox"/>		
Mover Points transfer completed	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Card sales receipts attached	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Monthly Pass transfer completed	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	PIN changed	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Transfer receipt/s attached	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Infobox loaded	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Customer slip

Cashier to complete, tear off and hand slip to passenger

Passenger name	<input type="text"/>	Station submitted	<input type="text"/>	Date	<input type="text"/>
Cashier name	<input type="text"/>	Cashier signature	<input type="text"/>	Time	<input type="text"/>
Original card number	<input type="text"/>	Replacement card number	<input type="text"/>		

* Passengers should keep this tear off slip as proof of submission and use surname as reference for enquiries.
* Passengers will receive communication from the Transport Information Centre on any outstanding transfers.

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.



Call the Transport Information Centre (toll-free 24/7)
0800 65 64 63 www.myciti.org.za



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