

Refund Application Form

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"/>
Card No. (last 8 digits)	<input type="text"/>				

*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 I have been charged incorrectly **OR** I have a refund slip and bank slip from a card vending machine (CVM)

• You need to submit a mini-statement along with this application.

• You need to submit the redacted bank slip.

Date of incident:	<input type="text"/>	Time of incident:	<input type="text"/>	Station/stop:	<input type="text"/>
Bus number:	<input type="text"/>	Penalty(Yes/No)	<input type="text"/>	Value Disputed:	<input type="text" value="R"/>
Station/stop tapped IN at:	<input type="text"/>	Station/stop tapped OUT at:	<input type="text"/>		

Please provide details of the incident (*incomplete, incorrect or illegible applications will not be processed*):

<input type="text"/>
<input type="text"/>
<input type="text"/>

3. Refund card details Complete only if the card to be refunded is a different myconnect card to the one listed in Section 1

Number of the myconnect card to be refunded	<input type="text"/>
Reason for refund to a different card	<input type="text"/>
<input type="text"/>	

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	<input type="text"/>	Cashier signature	<input type="text"/>	Date	<input type="text"/>
Mini-statement attached	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	CVM refund slip AND redacted bank slip attached	Yes: <input type="checkbox"/>	No: <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	<input type="text"/>
Cashier name	<input type="text"/>	Cashier signature	<input type="text"/>	Time	<input type="text"/>

Passengers should keep this tear off slip as proof of submission.

Passengers will receive a reference number from the TIC by email, SMS or telephone when this application is registered at the TIC.

Passengers will receive communication from the TIC on the outcome of this application and refund collection details, if applicable.

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.