APPLICATION FOR COMMUTER CLUB YEARLY REPLACEMENT TICKET

(Ticket Replacement Fees must be paid at the time of application)

REPLACEMENT LOCATION Flinders Street Station Date: _____/_____/_____

Ticket Holder's Details in **Block Letters**

NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE (H): _____(W)_____(M)_____

Company Name _____

Tick appropriate box

☐ **LOST TICKET DECLARATION** (Fee $9.80)

☐ **STOLEN TICKET DECLARATION** (Fee $9.80)
(A "Crime Report" should be completed at a Police Station)

In the state of Victoria, I declare that I have lost / had stolen, the Periodical Ticket issued to me. I have not parted with it voluntarily, nor have I lent it to anyone, or disposed of it for a consideration. If I find the ticket or it is returned I will return it immediately to the office from which it was issued. I also acknowledge that any replacement ticket issued to me is not refundable in the event of such ticket not being used wholly. In the event of the original ticket being misused I will reimburse the issuing company.

☐ **MUTILATED TICKET DECLARATION** (Fee $9.80)

In the state of Victoria, I declare that the Periodical Ticket issued to me has become inadvertently mutilated and that I have not purposely damaged it in any way.

☐ **DEFECTIVE TICKET DECLARATION**

In the state of Victoria, I declare that the Periodical Ticket issued to me has become defective and that I have not purposely damaged it in any way.

Privacy Statement
The information provided on this form is for the use of Public Transport Operators only, and will remain strictly confidential. This information will be held by the transport operators and will be destroyed when it is no longer required. Under no circumstances will this information be sold or made available to parties not involved in public transport.

I make the above nominated statement conscientiously, believing the same to be true and by the virtue of the provision of an act of Parliament of Victoria, rendering a person making a false declaration liable for punishment for willful and corrupt perjury.

_____ _____/_____/_____ _____
(Signature of person making declaration) Date Witnessed by Police Officer (Police Stamp Required) for Lost, Stolen or Mutilated (number is unreadable) tickets

_____ _____/_____/_____
(Signature of person receiving replacement/interim ticket) Date

OFFICE USE ONLY – Complete Appropriate Boxes in EACH section

OLD TICKET DETAILS
Ticket Number ☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐☐☐ If known
Equip Type Equip No. Ticket Number

Old Ticket Issued / /

Old Ticket Expiry / /

--- Full Fare Yearly ---
Zone 1 ☐ Zone 2 ☐ Zone 1-2 ☐

Driver's Licence or other photo identification sighted ☐ Yes
No. ☐☐☐☐☐☐☐☐☐ Type ☐☐

Defective Ticket (No Charge) ☐ Lost/stolen ($9.80) ☐ Mutilated ticket ($9.80) No. is Unreadable ☐ Mutilated ticket ($9.80) No. is Readable ☐

Interim ticket No: ☐☐☐ ☐☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐
Equip Type Equip No. Ticket Number Stock Number

Voucher amount $.

This Form completed by : (Block Letters)_____
Stationmaster / Station Officer / Metshop Officer

***Despatch Instructions –**

Station staff to retain the *original* of this form

A Copy of this form must be attached to the End of Shift Report as the Voucher Authority.

Commuter Club *Full Fare Yearly - Defective or Mutilated* – Send form and ticket as a **VALUE** to OneLink c/- Stationmaster Flinders Street Station

Commuter Club *Full Fare Yearly – Lost Stolen* - Send form as a **VALUE** to OneLink, c/- Stationmaster Flinders Street Station

All prices include the Commonwealth Government's Goods and Services Tax (G.S.T.)

Version 2.00 - July 2010