**Full name:   
  
Date of birth:   
  
National Insurance number:  
  
Address and postcode:**

**Phone number:  
  
Registered blind or partially sighted: YES / NO  
  
You can nominate someone else to sign this form and to talk to us on your behalf if you need to. If so, provide their details below.  
  
Nominated person’s name:   
  
Relationship to you:   
  
Phone number:**

**Supporting documents required with your application:**

* Passport sized photo.
* proof of identity - copy of one of: birth or adoption certificate, marriage or civil partnership certificate, passport.
* copy of your Certificate of Vision Impairment from a consultant ophthalmologist – only required if you are NOT registered blind or partially sighted with us.

**DECLARATION**   
  
I declare that the information I have provided is correct. I understand that I must inform South Gloucestershire Council of any changes in circumstances that may affect my entitlement to a travelcard as soon as they happen.

I understand that if I give information that is incorrect or incomplete, or if I fail to report relevant changes that affect my entitlement, or if I allow someone else to misuse the travelcard, this may result in us withdrawing the travelcard and I, or those who have misused the travelcard, may be prosecuted. I am a permanent resident of South Gloucestershire and I accept the conditions of use.   
  
**Signature:**

**Date:**  
**Send your completed form and supporting documents to:**

* [contravel@southglos.gov.uk](mailto:contravel@southglos.gov.uk)
* Or post to South Gloucestershire Council, Concessionary Travel, PO Box 1953, Bristol BS37 0DB

**Any questions? Contact us on 01454 868004**

**Data Protection Act 2018**: we are under a duty to protect the public funds we administer for the prevention and detection of fraud. Full details on how we collect, use and share your data can be found in our [privacy notice](https://beta.southglos.gov.uk/pn-bus-pass/) on our website.