## Application for Refund

Please complete all sections of this form writing clearly within the boxes in block capitals using black/blue ink and return it to any Tube station ticket office. Please ensure all tickets are securely attached.

Section 1 Personal details	
Mr Mrs Miss Other	
First name Middle initial(s)	
Surname/Family name/ or company name (if refund is to be made payable to a company)	
House number/name/ or address of company	
Street	
Town	
City/County	
Postcode Postcode	
Daytime telephone number (optional) e-mail address -block capitals not required (optional)	7
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Section 2 Reason for application (mark as appropriate)	
Fares paid whilst awaiting replacement of a stolen Oyster card/printed season ticket	
(Please provide Police crime reference number below)	
Replacement of lost Oyster card/printed season not received within 5 days	
Season ticket no longer required Unable to use ticket	
Oyster card/printed season ticket left at home Other (state below)	
Please provide any additional information that may be useful in assessing your application:	
Ttease provide any additional information that may be district in assessing your application.	
If you hold an Oyster card/printed season ticket relevant to this application, give details below and provide a photocopy of the printed season ticket and supporting photocard. Failure to do so may result in your claim be	aina
delayed.	-IIIg
Oyster card number /ticket number Ticket type: Travelcard Bus & Tram Pass Other	
Start data (dd/mm/m)	مط
Start date (dd/mm/yy) Expiry date (dd/mm/yy) Continue Section 3 Details of ticket(s) to be refunded (mark as appropriate)	eu
Oyster card number or Printed season ticket number	
MAYOR OF LONDON	

Ticket type:	Travelcard	Bus & Tra	m Pass	Other				
Period:	7 Day	Month	Annual	Other				
Rate:	Adult	Child	Other	Discount				
Date your Oyster card or printed season ticket was last used (dd/mm/yy)								
If the above date is different from the date you submit your refund application, please attach documentation supporting your claim (i.e. a medical certificate or letter from an employer), covering you from the last date you used your Oyster card or printed season ticket to the date of your refund application.								
Ticket type	Expiry date	Ticket No.	Station of i		Station or zones valid to	Price of ticket £ p		
			Zones cove	<u>reu</u>	vana to	- P		
Section 4 Method of refund (mark as appropriate) Please indicate how you would like to receive your refund:  Refunded directly to a credit/debit card (You will need to provide a daytime telephone number overleaf, for us to contact you to confirm your card details with you).								
By cheq	ue made payable	e to						
Section 5 Agreement								
I declare that the information I have provided on this form is true and correct to the best of my knowledge. I consent to Transport for London and/or London Underground checking the information I have given.								
	•		_		_	_		
I accept that if the information I have given is inaccurate my refund claim may be declined and legal action may be taken against me.								
Signature of applicant (Parent/guardian if under 16)  Date (dd/mm/yy) form completed								
(For station	•	. If a	back-dated refu	ınd is requi	ired, was a medical certif	icate produced?		
Station stamp, date and time received  Yes No (If Yes, state inclusive dates covered by the certificate).								
		Fro (dd	m /mm/yy)		to			
		•						