



Ticket type: Travelcard  Bus & Tram 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 issue or zones covered | Station or zones valid to | Price of ticket |   |
|-------------|-------------|------------|-----------------------------------|---------------------------|-----------------|---|
|             |             |            |                                   |                           | £               | p |
|             |             |            |                                   |                           |                 |   |
|             |             |            |                                   |                           |                 |   |
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|             |             |            |                                   |                           |                 |   |
|             |             |            |                                   |                           |                 |   |
|             |             |            |                                   |                           |                 |   |

**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 cheque made payable 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

|  |  |
|--|--|
| <p><b>(For station use only)</b><br/>Station stamp, date and time received</p> | <p>If a back-dated refund is required, was a medical certificate produced?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, state inclusive dates covered by the certificate).</p> <p>From (dd/mm/yy) <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/></p> |
|--|--|