

a member of ComfortDelGro Cabcharge Pty Ltd

BUS PASS REPLACEMENT FORM

STUDENT'S NAME:			
	SURNAME	GIVEN NAMES	
HOME ADDRESS:			
SUBURB:	P/CODE:	D.O.B:	
NAME OF SCHOOL:		GRADE:	
PARENT NAME	PH		

I have enclosed a payment of \$11.00* (GST inclusive) as the prescribed fee for the replacement of a bus pass.

I understand that it is a breach of the SSTS Code of Conduct to alter, deface, misuse or fraudulently obtain a bus pass and I have explained this to my son/daughter.

I agree that the bus pass remains the property of Qcity Transit and should I recover the lost pass I will return it immediately to PO Box 6066, Queanbeyan NSW 2620.

Student / Parent / Guardian's Signature		Date					
*****	******	*****	*****	*****			
FOR QCITY OFFICE USE ONLY							
Payment Type:	□ Cash	Cheque	Credit Card	Debit Card			
Payment Received by:			Date:				
Print Date:		_ Printed By:			_		

*This fee is determined by the NSW Department of Transport