Application for replacement of card and transfer of value

Please print clearly using block letters

OFFICIAL USE

Date stamp

1. Passenger details					
Title Name	Surname				
Email	ID/Passport number				
Cellphone		Landline			
2. Card details Please provide det	tails of the my connect C)R single-trip card that y	ou wish to replace		
myconnect card number			myconnect expiry date		
Single-trip card number			Single-trip Airport	YES	NO
3. Application type Please tick t	the correct option below				
Replace faulty card		OR Replace	expired/expiring card		
 Your replacement card will be issued immediately. If the issue is due to a system fault, your replacem cost. If the card has been physically damaged, the Value will be transferred immediately. If the card c up to 10 days for Mover and 32 days for Standard. 	ent card will be issued at no cost will be as per the tariff.	The costValue will expired co	acement card will be issued immed of replacing an expired or expiring r I be transferred immediately, excep ards, which can take up to 32 days. I terms and conditions may apply.	ny connect card is at for money load	
4. Declaration					
I understand that providing untrue info	rmation constitutes fra	ud and certify that the i	nformation provided is true	e in all respe	cts.
Signature		Date			
For official use only Date stamp	o required by cashier				
Cashier name		Cashier sigr	nature		
Location/station		Date	Tir	me	
Replacement card no		Replacemer	nt receipt no		
A. Faulty card chip — replacement card [R0.00]			E. Expiring card — replacement card [as per tariff]		
B. Faulty card aerial — replacement co	F. Expired ca	F. Expired card — replacement card [as per tariff]			
C. Damaged card chip — replacement	G. Faulty sing	G. Faulty single-trip card — replacement card [R0.00]			
D. Damaged card aerial — replacemen	t card [as per tariff]	H. Damaged	single-trip card — replacem	ent card [as p	er tariff]
Mover Points transfer completed	YES NO N/A	Standard tran	sfer completed	YES	NO N/A
Monthly Pass transfer completed	YES NO N/A	Monthly Pass	Monthly Pass Airport transfer completed		NO N/A
Transfer receipt/s attached	YES NO N/A	Card sales red	Card sales receipts attached		NO
Infobox loaded	YES NO PIN changed			YES	NO
Customer slip Cashier to complet	re, tear off and hand slip	to passenger			
Passenger name	Statio	on submitted]	Date	
Cashier name	Cash	nier signature	т	ime	
Original card number		Replacement ca	ard number		
_	Expired cards: 32 days sho	ould be allowed for ABSA to tro	urname as reference for enquiries. ansfer Standard. ntre on any outstanding transfers.		







