

STUDENT TRAVELCARD

Full-time student APPLICATION FORM

Please complete this form in **BLOCK CAPITALS** using **BLACK INK**.

1 Personal Information (* = required field)

These are the details we need in order to register you for this service. Your individual details will be confidential to STC and our associated carriers and will not be passed on to third parties.

* Title Mr. Ms.
* First Name
* Surname
* Birth date

2 Contact information during college term

House / apartment number
* Address 1
* Address 2
Address 3
* County
* Post code (Dublin only)

3 Contact information outside college term

If details are the same as those given in step 2, please skip to step 4.

If you would prefer that your card is sent to an address other than the address given in step 2 (above), please tick here:

House / apartment number
* Address 1
* Address 2
Address 3
* County
* Post code (Dublin only)
Country (if not Ireland)
Post / Zip Code

4 * College / School Contact Information

St. Pat's	<input type="checkbox"/>	Griffith	<input type="checkbox"/>	RCSI	<input type="checkbox"/>
Athl. IT	<input type="checkbox"/>	GMIT	<input type="checkbox"/>	TCD	<input type="checkbox"/>
Carlow IT	<input type="checkbox"/>	Lett. IT	<input type="checkbox"/>	Mary Imm	<input type="checkbox"/>
Cork IT	<input type="checkbox"/>	Lim. IT	<input type="checkbox"/>	Tralee IT	<input type="checkbox"/>
DCU	<input type="checkbox"/>	NUIG	<input type="checkbox"/>	UCC	<input type="checkbox"/>
DIT	<input type="checkbox"/>	NUI May.	<input type="checkbox"/>	UCD	<input type="checkbox"/>
DLIADT	<input type="checkbox"/>	Sligo IT	<input type="checkbox"/>	UL	<input type="checkbox"/>
Dund. IT	<input type="checkbox"/>	Tallaght IT	<input type="checkbox"/>	WIT	<input type="checkbox"/>

If other college / school, please print details below (or else skip to step 5):

College / School
Town
County
* College study year 1st 2nd 3rd 4th
(if undergraduate)
* Secondary school study year 4th 5th 6th

5 Electronic Information

For matters concerning your card and for updates on offers available from ourselves and our partner companies, Student Travelcard's preferred means of communicating with you is by SMS and e-mail. If you are 18 or over and wish us to communicate with you using these methods, please provide the details requested below. Contact information provided will be strictly confidential to Student Travelcard. It will not be shared with third parties.

Mobile number 0 8
Operator O2 3 Vodafone Meteor
E-mail address
@

If, at any time, you no longer wish to receive information from Student Travelcard electronically, just contact us by phone, post or email remove@studenttravelcard.ie.

6 * Student Declaration

I declare that the information set out in this application is correct and that I am a full time student. I have read & accept the terms & conditions overleaf.

* Signature
* Date

7 * College / School Authorisation

This section applies to **postal applications only**. If your application is a postal application, please provide 2 passport photographs and the college / school authorisation details requested below. Please sign the reverse of both photographs. Please note: Photo (b) must be stamped on the front while attached to the form.

To be completed by your school / college official:

I declare that the named person is a full time student of this college / school. Authorised college / school official

* Signature
* Date

PHOTO (A)
HERE

Glue / attach your 2 photographs on the spaces (a) & (b).

Please note: Photo (b) must be stamped on the front while attached to the form.

PHOTO (B)
HERE

8 * Payment Details

ONLY €12!

The Student Travelcard costs €12.00. The AIB Student Voucher is accepted as full payment for the Student Travelcard (an additional €3.00 is charged to capture photos at the Express Locations). The voucher is redeemable until 30th November 2009.

Accepted forms of payment

Bank Drafts, Postal Money Orders and Cheques to be made payable to Student Travelcard. Allow an extra 5 working days for clearance of cheques.

Payment Method

Bank draft Postal Money Order Cheque
Visa MasterCard Laser
CCV2 Number Compulsory
Card Number: (Laser only)
Expiry: CCV2 Number:

Name of card holder: Signature of card holder:

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