

OVER 70 APPLICATION FOR COMPANION FREE TRAVEL PASS



Please complete this application form if you are aged over 70 years of age and wish to be considered for a Companion Free Travel Pass:

Please state your **Full Name** _____

Address _____

Telephone Number(if any)

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Date of Birth

/	/
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Please state your *Reference number _____

*(This number is on the front of your Free Travel Pass)

Please state your PPS Number (Personal Public Service Number) _____

I wish to apply for a companion Free Travel Pass. I declare that I am unfit to travel alone because of my medical condition as outlined below:

I declare that all the details I have given are true and complete.

Signature or mark: _____ Date: _____

If unable to sign:

Signature of witness _____

Address of witness: _____

PLEASE RETURN YOUR EXISTING FREE TRAVEL PASS WITH THIS FORM

Ft(Comp)

07/08

Please return completed application form together with your Standard Free Travel Pass to:

FREE TRAVEL

S.W.S.

COLLEGE ROAD

SLIGO

If you have any problems filling in this form, please contact us at the following telephone number or call to your

Local SOCIAL WELFARE OFFICE

Telephone: Local 1890 500 000 (from Republic of Ireland only)