

REPLACEMENT SSTS PASS APPLICATION

Date: __/__/__

Student Name: _____

Date of Birth: __/__/__ Phone: _____

Street Address: _____

Suburb: _____

School: _____

I have enclosed a payment of \$15.00 (GST inclusive) as the prescribed fee for the replacement 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 Sapphire Coast Buslines and should I recover the lost pass I will return it immediately to PO Box 256 Pambula 2549.

 (Student / Parent / Guardian's Signature)

 (Date)

METHOD OF PAYMENT (please tick)

Cash Cheque Credit Card

Visa Mastercard

AMOUNT \$ 15.00 (this fee is determined by Transport for NSW)

CARD # _____ EXP __/__/__ CCV _____

METHOD OF DELIVERY (please tick) Driver School Post

Driver's Name: _____ Shift _____

Please hand completed form and if payment by cash/cheque to driver, or post or drop into South Pambula depot.



(Official Use only)

Drivers name: _____ Shift: _____

Amount received: _____ Cash Cheque

Date received: __/__/__

Printed: __/__/__



Sapphire Coast Buslines Pty Ltd
PO Box 256 South Pambula NSW 2549 ABN: 69 161 180 776
NSW ACC: 21952 – Deane’s Travel NSW ACC: 38747 – South Coast Transit

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Web www.soulquesttravel.com.au
ABN 14 215 192 479 Licence Number 2TA6103

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