



**Go Card Refund & Replacement Form**

Take this form to the Welcome Centre or post with any card and receipts as appropriate to : Transport Headquarters, Banks Circus, Douglas, IM1 5PT

**Customer Information** - BLOCK CAPITALS PLEASE

Customer Go card registered to .....  
 Address .....  
 Daytime Tel ..... Post Code .....

Full Go card number [18 digits]

**Reason for requesting a replacement card or refund [please circle where appropriate]**

Faulty card          Refund (Go School unwanted journeys ONLY)

**Faulty Cards**

If your Go card is faulty you may apply to be reimbursed for any standard fare journey undertaken over a maximum of 2 days. A faulty card receipt **MUST BE** obtained from the driver, conductor or guard.

- ◆ Total number of journeys made requiring standard fare payment .....
- ◆ Total amount requiring to be reimbursed (tickets/receipts **MUST** be attached)          £ .....

**Refund - In person only**    Go School unwanted journeys    **Between 28 July 2015 and 5 September 2015 ONLY**

- ◆ Total number of journeys remaining .....
- ◆ Total amount refunded          £ .....
- ◆ School card swap (SCH1 →SCH2 or SCH2 →SCH3)          Last 8 digits of new card .....

**Customer Declaration**

I confirm I am the legitimate holder of the Go card for which a refund or replacement has been made. I understand the Go card above has been hotlisted\* and cannot be reactivated. I understand that any attempted use of a hotlisted\* card or fraudulent claim would be an offence. I confirm receipt of the cash amount above.

\* Hotlisted - deactivated, rendered invalid

**Signed card holder** \_\_\_\_\_

**Date** \_\_\_\_\_

Full terms and conditions of Go cards can be viewed on request. They form part of our Conditions of Carriage and are also available on our website [www.iombusandrail.info](http://www.iombusandrail.info)

Report lost or stolen cards TEL : 697400 (office hours) or email [publictransport@gov.im](mailto:publictransport@gov.im). Form not required.

<b>Processing officer - Welcome Centre</b> - Please fill appropriate boxes	
<b>Name (PRINT)</b> - _____	<b>Date</b> : _____
◆ Faulty - new card issued with trips    YES/NO    No of trips: _____	
◆ Cash refund made YES/NO    Total : _____	
◆ Faulty card returned to Banks Circus with this form    YES/NO    Date    _____	
◆ New card provided to customer    YES/NO    _____	
<b>Processing Officer - Banks Circus Name</b> _____	
<b>Date card hotlisted &amp;/or form received</b> _____	
<b>Notes :</b> _____	
_____	