



BRIDGEND COUNTY BOROUGH COUNCIL BUS PASS APPLICATION FORM

You may also need to complete an Eligibility Assessment Form if you are a disabled person and/or you are unable to travel without someone else's help.

I am applying for a Concessionary Bus Pass because I am:

60 or over (✓) Disabled (✓) Visually Impaired (✓) Disabled requiring a companion (✓)

Title (✓) Mr Mrs Miss Ms Other Gender (M/F)

Surname

First Name(s)

Address

Town / Village

Post code Telephone

Date of birth

Where did you hear about free travel? Word of mouth Leaflet Newspaper

Declaration

Data Protection Act 1998: Information provided by you will be held and automatically processed on a computer system. The Council will take all reasonable precautions to ensure confidentiality to comply with the principles contained within the Act. The information may be compared with other personal data held by the Council in order to aid prevention of fraud in the administration of public funds and may be used for cross authority comparison purposes. I confirm that I hereby give consent to use the information I have provided for the above purpose.

I can confirm that the information given above is correct. I understand that if any details are found to be false, my pass will be cancelled and I may have to pay any costs arising from the issue or use of the pass.

**Please attach
passport
approved
colour photo**

Signature Date of application

FOR ISSUING OFFICE USE

Office/Name Code

I confirm that I have seen the following documents to confirm proof of eligibility and proof of address

Proof of Eligibility (✓)	Proof of Eligibility (✓)	Proof of Address (✓)
Birth Certificate <input type="checkbox"/>	Blind / Partially Sighted Registration Card No..... <input type="checkbox"/>	Council Tax Bill..... <input type="checkbox"/>
Retirement Pension Book <input type="checkbox"/>	Profoundly / Severely Deaf Registration Card No..... <input type="checkbox"/>	Utility Bill <input type="checkbox"/>
Passport..... <input type="checkbox"/>	Proof of Disability Living Allowance Mobility Component at the Higher rate..... <input type="checkbox"/>	Council Rent Book <input type="checkbox"/>
Driving Licence..... <input type="checkbox"/>	War pensioners mobility supplement..... <input type="checkbox"/>	Bank Statement <input type="checkbox"/>
Current Disabled Persons Car Badge Enter badge No..... <input type="checkbox"/>		Pension Book <input type="checkbox"/>
		Driving Licence <input type="checkbox"/>

Date stamp

CYNGOR BWRDEISTREF SIROL PEN-Y-BONT AR OGWR FFURLEN GAIS AM DOCYN MANTAIS

Efallai bydd rhaid ichi lenwi ffurflen Asesu Hawl yn ogystal os ydych chi'n anabl a / neu dydych chj ddim yn gallu teithio heb fod rhywun gyda chi i'ch cynorthwyo

Yr wyf yn gwneud cais am Docyn Bws Consesiynol gan fy mod yn:

60 neu'n hŷn Anabl Rhannol ddall Anabl ag Angen cwmni

Teitl Mr Mrs Miss Ms Arall Gwryw/Benyw

Cyfenw

Enw (au) bedydd

Cyfeiriad

Tref / Pentref

Côd y Post Rhif y ffôn

Dyddiad geni

Ble glywsoch chi am deithio am ddim? Ar Lafar Taflen Papur Newydd

Datganiad

Deddf 'Gwarchod Data 1998: Bydd y Cyngor yn cadw'r wybodaeth uchod ar sustem gyfrifiadur, gan gymryd pob gofal rhesymol i'w diogelu dan amodau'r Ddeddf. Mae hawl gan y Cyngor i gymharu'r wybodaeth a' manylion personol eraill mae'n eu cadw, yn ogystal a' rhai mae awdurdodau eraill yn eu cadw, i ddibenion atal twyll. Felly, rwy'n caniatáu iddo ddefnyddio'r wybodaeth uchod i'r diben hwnnw.

Rwy'n cadarnhau bod y manylion uchod yn gywir. Rwy'n deall bydd y Cyngor yn dileu'r tocyn o ganfod imi roi gwybodaeth anwir, ac efallai bydd rhaid imi wneud iawn am unrhyw dreuliau perthnasol yn sgi'l hynny.

**Llun Iliw
 (maint
 trwydded
 deithio)**

Llofnod Dyddiad y cais

AT DDEFNYDD Y SWYDDFA

Swyddfa/Enw Côt

Rwy'n cadarnhau imi weld y dystiolaeth isod:

Oedran <input checked="" type="checkbox"/>	Oedran <input checked="" type="checkbox"/>	Praw f Cyfeiriae <input checked="" type="checkbox"/>
Tystysgrif geni <input type="checkbox"/>	Cerdyn y Deillion / Rhannol Ddall Rhif <input type="checkbox"/>	Bil Treth y Cyngor <input type="checkbox"/>
Llyfr y Pensiwn Gwladol..... <input type="checkbox"/>	Cerdyn cofrestru..... <input type="checkbox"/>	Bil Nwy/Trydan/Dŵr <input type="checkbox"/>
Trwydded deithio..... <input type="checkbox"/>	Cwbl / Difrifol Fyddar <input type="checkbox"/>	Llyfr Rhent y Cyngor <input type="checkbox"/>
Trwydded yrru..... <input type="checkbox"/>	Rhif Cerdyn Cofrestru <input type="checkbox"/>	Adroddiad banc <input type="checkbox"/>
Bathodyn Car yr Anabl <input type="checkbox"/>	Dogfen Lwfans Byw'r Anabl (Cyfradd Ucha'r Elfen Symudoledd)..... <input type="checkbox"/>	Llyfr pensiwn <input type="checkbox"/>
Rhif cofrestru..... <input type="checkbox"/>	Rhif Yswiriant <input type="checkbox"/>	Trwydded yrru <input type="checkbox"/>
	Gwladol. <input type="checkbox"/>	

Dyddiad