RAIL SEASON TICKET BOOKING FORM

Please use this form for RAIL SEASON TICKET information only.

YOUR DETAILS					
Please include as muc	h information as possible as	we may need to get in tou	ch with you.		
Forename(s): Surname:	Click here to enter text. Click here to enter text.	Employee Number:	Click here to enter text.		
Home Address: Normal place of work:	Click here to enter text. Click here to enter text.				
Contact Email Address:		mail address and phone number.			
Contact Phone Number:	: Click here to enter text.				

JOURNEY			
★Please note an annual season t months★	icket will give maximum discount giving 12 months for the price of 10. Minimum period is 6		
Departure Station:	Click here to enter text.		
Arrival Station:	Click here to enter text.		
Start Date of Season Ticket:	Click here to enter a date.		
Duration of Season Ticket:	Click here to enter text.		
SEASON TICKET			
Do you currently have a ScotRa	il Pink Photo ID Card?: Yes □ No □		

CEAGON HONE!
Do you currently have a ScotRail Pink Photo ID Card?: Yes \square No \square If yes can what is the card number? Click here to enter text.
Do you currently have a season ticket?: Yes \square No \square If yes what is the expiry date? Click here to enter a date.
Do you have a ScotRail Smart Card? Yes □ No □ If yes what is the card number? Click here to enter text. ★You can apply for a Smart Card online through the ScotRail website.★
Are you 16-18 and have a Young Scot National Entitlement Card? Yes \square No \square (This entitles you to a 50% discount)

Documentation Required

★If you do not already have a Season Ticket you <u>must</u> include a recent passport size photo for your ScotRail Photo ID Card.★

★★I declare that the photo provided (where applicable) is of me.★★

Don't forget to sign and date your form.

Declaration

- I have checked the ScotRail website www.scotrail.co.uk to ensure that the journey details selected above suit my personal requirements for which I take full responsibility.
- I declare that the journey selected will assist with my travel to/from my place of work for the Council.
- I request purchase of a season ticket by Scottish Borders Council on my behalf on the basis outlined above.
- I hereby authorise recovery of the purchase price by deduction from my pay beginning with the first available pay date after the date of purchase.
- I agree to deductions being made over the same number of pay periods to which the season ticket covers, e.g. an annual ticket will be deducted over 12 months, a 6 month ticket will be deducted over 6 months.
- Should I leave the employment of Scottish Borders Council before recovery has been made in full, I hereby authorise
 deduction of the outstanding balance from my salary payments or any other sums due to me from Scottish Borders
 Council. In the event of there being insufficient salary or other sums to recover the full amount, the Council will invoice
 me for the remaining amount outstanding, and I accept my obligation to make repayment of same.
- In the event that I cancel the season ticket, I agree to any administration fee charged by Scotrail to Scottish Borders Council to be deducted from my pay.

SIGNATURE	
Date: Click here to enter a date. Signature:	

Please send to: Systems Development Team, HR Shared Services, Old School Building, Council Headquarters, Newtown St Boswells, Melrose, TD6 0SA