

Application for priority seat card

Please use BLOCK CAPITALS and complete all fields

Personal details (to be completed by applicant)

Title Mr Mrs Ms Miss Other _____

Surname _____

First name/s _____

Postcode _____

Home address _____

Town _____

County _____

Telephone _____

Mobile _____

Email _____

Date of Birth _____

Please indicate why you are applying for the priority seat card

Medical condition/disability Pregnant Over 65

Due date (if applying due to pregnancy) _____

Date of recovery _____

(For those with a temporary impairment please indicate the expected date of recovery as confirmed by the doctor in the supporting documentation)

Checklist for submission

Two passport sized photos showing head and shoulders only Application form

Proof of address (copy) Proof of eligibility for card (see criteria)

I confirm that the details I have given on this form are correct and accurate and understand that this application is subject to GTR terms and conditions which I have read, understand and agree to. I also confirm that GTR will store this data in line with the data protection act.

Signed _____ Date _____



To apply simply email **priorityseatcard@gtrailway.com** attaching a completed form, supporting documents and a colour scan of your passport photos

or post it to us at

Priority Seat Card Application
Customer Services
GTR
2nd Floor Monument Place
24 Monument Street
London EC3R 8AJ