

Application form for Replacement Senior SmartPass Card for travel within Northern Ireland only

Social Welfare Services

FTNI 2

Data Classification R



What is a Senior SmartPass card?

A Senior SmartPass card is used to show that you can travel for free within Northern Ireland on scheduled services operated by Translink and must be presented on every journey.

If you are entitled to Free Travel in Ireland, this will be shown on your Public Services Card (PSC). Your PSC with Free Travel can be used for travel to and from Northern Ireland. However, your PSC with Free Travel cannot be used for travel within Northern Ireland.

Important information:

This **is** an application form for a:

- **Replacement Senior SmartPass card**, if your card has been lost, stolen, damaged or if you have changed your name. While your first Senior SmartPass card is free, replacements may incur a small charge. Please keep your replacement Senior SmartPass card in a safe place.

This **is not** an application form for:

- **Senior SmartPass** card for the first time. To do this fill out the **FTNI1** form, available from your local Intreo Centre or Social Welfare Office.
- **Public Services Card** (PSC) or a replacement. If your PSC is in date, you can get a replacement by calling the Public Services Card Helpdesk on **0818 837 000**. To get a PSC for the first time, you must book an appointment with your local Intreo Centre, Social Welfare Office or online at **MyWelfare.ie**.
- **Free Travel Scheme** in Ireland. To do this fill out the **FT1** form available at **www.gov.ie/FT1** or from your local Intreo Centre or Social Welfare Office.

Important: If your Senior SmartPass card has expired please contact the SmartPass office directly by email at **smartpass@translink.co.uk** or by calling +0044 2890 759129, **do not** fill out this form.

How do I apply?

Send this completed application form to:

Free Travel Section

Department of Social Protection
Social Welfare Services
College Road
Sligo
F91 T384

How can I get help and further information?

If you need any help to complete this form, please contact the Free Travel section by email at **freetravelqueries@welfare.ie** or by calling **(071) 915 7100** or **0818 200 400**. Your local Intreo Centre, Social Welfare Office or any Citizens Information Centre can also help. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting **www.gov.ie/intreocentres**

For more information, visit **www.gov.ie/freetravel**

How to fill in this form

To help us in processing your application, write letters and numbers clearly and use one box for each. Please see examples below.

Part 1

Your details

1. Your PPS number:	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>T</td><td></td><td></td></tr></table>	1	2	3	4	5	6	7	T																																																																																																																																					
1	2	3	4	5	6	7	T																																																																																																																																							
2. Title, insert an 'X' or specify:	Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																																																																													
3. Surname:	<table border="1"><tr><td>M</td><td>U</td><td>R</td><td>P</td><td>H</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	U	R	P	H	Y																																																																																																																																							
M	U	R	P	H	Y																																																																																																																																									
4. First names:	<table border="1"><tr><td>M</td><td>A</td><td>U</td><td>R</td><td>E</td><td>E</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	A	U	R	E	E	N																																																																																																																																						
M	A	U	R	E	E	N																																																																																																																																								
<p>Note: if you are submitting this form for a replacment Senior SmartPass card because your name has changed, please submit copies of official documentation as proof. For example, marriage certificate, Public Services Card (PSC), driver's licence.</p>																																																																																																																																														
5. Your date of birth:	<table border="1"><tr><td>2</td><td>8</td><td>0</td><td>2</td><td>1</td><td>9</td><td>5</td><td>1</td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	2	8	0	2	1	9	5	1	D	D	M	M	Y	Y	Y	Y																																																																																																																													
2	8	0	2	1	9	5	1																																																																																																																																							
D	D	M	M	Y	Y	Y	Y																																																																																																																																							
6. Senior SmartPass number, if known:	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>1</td><td>0</td><td>1</td><td>1</td><td>1</td><td>2</td><td>1</td><td>3</td><td>1</td><td>4</td><td>1</td></tr></table>	1	2	3	4	5	6	7	8	9	1	0	1	1	1	2	1	3	1	4	1																																																																																																																									
1	2	3	4	5	6	7	8	9	1	0	1	1	1	2	1	3	1	4	1																																																																																																																											
7. Your address:	<table border="1"><tr><td>1</td><td></td><td>N</td><td>E</td><td>W</td><td></td><td>S</td><td>T</td><td>R</td><td>E</td><td>E</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>O</td><td>L</td><td>D</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td>T</td><td>O</td><td>W</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>County</td><td><table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td></tr></table></td><td>Eircode</td><td><table border="1"><tr><td>C</td><td>1</td><td>5</td><td>A</td><td>9</td><td>6</td><td>V</td></tr></table></td></tr><tr><td>8. Your telephone number:</td><td><table border="1"><tr><td>0</td><td>8</td><td>8</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td></td><td></td><td></td><td></td></tr></table></td></tr><tr><td>9. Your email address:</td><td><table border="1"><tr><td>M</td><td>M</td><td>U</td><td>R</td><td>P</td><td>H</td><td>Y</td><td>@</td><td>W</td><td>E</td><td>L</td><td>F</td><td>A</td><td>R</td><td>E</td><td>.</td><td>I</td><td>E</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	1		N	E	W		S	T	R	E	E	T												O	L	D		T	O	W	N														D	O	N	E	G	A	L		T	O	W	N								County	<table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td></tr></table>	D	O	N	E	G	A	L			Eircode	<table border="1"><tr><td>C</td><td>1</td><td>5</td><td>A</td><td>9</td><td>6</td><td>V</td></tr></table>	C	1	5	A	9	6	V	8. Your telephone number:	<table border="1"><tr><td>0</td><td>8</td><td>8</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td></td><td></td><td></td><td></td></tr></table>	0	8	8	1	2	3	4	5	6	7					9. Your email address:	<table border="1"><tr><td>M</td><td>M</td><td>U</td><td>R</td><td>P</td><td>H</td><td>Y</td><td>@</td><td>W</td><td>E</td><td>L</td><td>F</td><td>A</td><td>R</td><td>E</td><td>.</td><td>I</td><td>E</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E																						
1		N	E	W		S	T	R	E	E	T																																																																																																																																			
		O	L	D		T	O	W	N																																																																																																																																					
		D	O	N	E	G	A	L		T	O	W	N																																																																																																																																	
County	<table border="1"><tr><td>D</td><td>O</td><td>N</td><td>E</td><td>G</td><td>A</td><td>L</td><td></td><td></td></tr></table>	D	O	N	E	G	A	L			Eircode	<table border="1"><tr><td>C</td><td>1</td><td>5</td><td>A</td><td>9</td><td>6</td><td>V</td></tr></table>	C	1	5	A	9	6	V																																																																																																																											
D	O	N	E	G	A	L																																																																																																																																								
C	1	5	A	9	6	V																																																																																																																																								
8. Your telephone number:	<table border="1"><tr><td>0</td><td>8</td><td>8</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td></td><td></td><td></td><td></td></tr></table>	0	8	8	1	2	3	4	5	6	7																																																																																																																																			
0	8	8	1	2	3	4	5	6	7																																																																																																																																					
9. Your email address:	<table border="1"><tr><td>M</td><td>M</td><td>U</td><td>R</td><td>P</td><td>H</td><td>Y</td><td>@</td><td>W</td><td>E</td><td>L</td><td>F</td><td>A</td><td>R</td><td>E</td><td>.</td><td>I</td><td>E</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E																																																																																																																											
M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E																																																																																																																													

SAMPLE

Confirmation

If your Senior SmartPass card has expired please contact the SmartPass office directly by email at smartpass@translink.co.uk or by calling +0044 2890 759129.

Please confirm which option below applies to you:

I confirm that my Senior SmartPass card has:

been lost; been stolen; or been damaged.

or

I confirm that:

my name has changed and I attach the relevant documents.

I am aware that my original card will be electronically switched off and will be of no further use. I understand that any tickets purchased while waiting for a new Senior SmartPass card are non-refundable.

Yes

No

Declaration

I declare that all the information I have given on this form is truthful, accurate and complete, and that I am legally resident and living permanently in the State. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any benefit I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

Signature or mark if unable to sign, **not** capital letters.

Date:

D D

M M

2 0 Y Y Y Y

If you are unable to sign, have your mark witnessed and have the witness sign below.

Signature of witness, **not** capital letters.

Date:

D D

M M

2 0 Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.