

Daytime telephone

Mobile Number

Email

Payment method (please tick)

Cheques must be made payable to “**Disabled Persons Railcard**”

Rail Warrant

Postal Order

Visa Delta Mastercard Electron Solo Maestro

Name on card

Card number

Valid from Valid to Issue no.
(if applicable)

Last three digits of security code on card signature strip

Declaration

Before signing this declaration it is important that you have read, understood and agreed to the Terms & Conditions shown in this leaflet, together with the National Rail Conditions of Carriage. Copies of the National Rail Conditions of Carriage are available online at www.nationalrail.co.uk/nrcc. Alternatively you can contact National Rail Enquiries or the Disabled Persons Railcard office for details of availability. I have read, understood and agree to the Terms & Conditions of the Disabled Persons Railcard. I confirm that the details I have provided are correct and that I can provide evidence that I meet the qualifying criteria for a Disabled Persons Railcard.

Signature

Date

You	Please send in one of the following with your application (Photocopies and printed scans are acceptable - original documents will not be returned)	Please tick
Are registered as having a visual impairment	Social Services official stamp in the space below this table	
	A copy of your Certificate of Visual Impairment (CVI)	
	A copy of your BD8 certificate for being registered blind or partially-sighted	
Are registered as deaf or use a hearing aid	Social Services official stamp in the space below this table	
	A copy of the front page of your NHS battery book or a copy of your dispensing prescription from a private hearing aid supplier	
Have epilepsy and either: <ul style="list-style-type: none"> • have repeated attacks even though you receive drug treatment; or • are currently prohibited from driving because of your epilepsy 	A copy of your Exemption Certificate for epilepsy medication and a photocopy of your prescription for drugs in line with the National Society for Epilepsy Guidelines (on www.epilepsysociety.org.uk)	
	A copy of your Exemption Certificate for epilepsy medication and a photocopy of your letter from the DVLA telling you that you are unable to drive	
Receive Attendance Allowance	A copy of your award letter	
Receive Disability Living Allowance at either: <ul style="list-style-type: none"> • the higher rate or lower rate for getting around (mobility); or • the higher or middle rate for help with personal care 	A copy of your award letter	
Receive Severe Disablement Allowance	A copy of your award letter	
Receive War Pensioner's Mobility Supplement	A copy of your award letter	

Receive War or Service Disablement Pension for 80% or more disability	A copy of your award letter	
Are buying or leasing a vehicle through the Motability scheme	A copy of the leasing or hire-purchase agreement	

Please send this completed form together with payment and the required proof of disability to:

Rail Travel Made Easy, PO Box 11631, Laurencekirk, AB30 9AA

Please allow 10 working days for your Railcard to reach you.

Renewal notices

We will send you a reminder to renew your Railcard before it runs out. Please tick your preferred way of receiving this reminder:

Email Letter Large Print

Please tick if you would like a Braille sticker on your Railcard:

On behalf of the Train Companies, ATOC Ltd collects and processes personal information for the purpose of sales analysis and market research. ATOC Ltd is registered in the UK under the Data Protection Act 1998 as a Data Controller. We will contact you when your card is close to expiry.

From time to time your personal details may be used to send you relevant information as described below:

If you do NOT wish to receive such information please tick the relevant boxes.

I do NOT want to receive:

	by Mail	by Email	by SMS
Railcard information and offers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train Company offers and other rail-related services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third party offers of goods and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Services Stamp here: for applicants with visual impairments or hearing impairments only