

YEAR OF STUDY 1st 2nd
3rd 4th Other _____

UNIVERSITY/COLLEGE _____

FirstTerm STUDENT APPLICATION FORM

Please complete this form to obtain your card.
You will need a passport size photograph.

PLEASE PRINT CLEARLY.

FIRST NAME : _____

SECOND NAME : _____

HOME (NOT CAMPUS) ADDRESS : _____

POSTCODE : _____

E-MAIL : _____

MOBILE PHONE : _____

I would like to purchase a **FirstStudent** ticket

Ticket Required : FirstTerm All Term
Monthly* Green Zone* (*certain agents only)

I agree to abide by First conditions of carriage copies of which are available on request.

LOSS/THEFT PROTECTION

In the event of a claim, a new pass may not be issued for up to **3 days**.

Please contact 0845 26 00 99

I accept the loss/theft protection cover of £5 extra for the term or monthly tickets or £15 extra for the All Term Ticket – to be added to the cost of the card. Only available at time of purchase.

Yes No (Term Card Only One Term)

PHOTO NO : TICKET NO : STUDENT NO :

SIGNED : _____ DATE : _____

If you do not wish to receive information on money saving offers when you renew your next card please tick the box