

**STR16/V1 Application to renew a  
Dependent 16+ PTAC –  
annual reissue for children  
of retired staff**

Staff Travel, 1<sup>st</sup> Floor 14 Pier Walk, North Greenwich, London SE10 0ES



## Application to renew a Dependent 16+ PTAC – annual reissue for children of retired staff

If your dependant is aged over 16 and under 24, you must renew their Dependant 16+ PTAC every year and confirm their continuing eligibility.

Please complete all sections; please mark N/A on any that do not apply

You must provide a letter on official headed paper from their school, college or university confirming that your child is enrolled. The letter must also include the date that the course ends. Note: Finance and loan confirmations are not accepted as proof of enrolment.

The form will not be processed if any information is missing or completed incorrectly.

- Read the Conditions of Use overleaf
- Complete and sign the form, which confirms that you accept the Conditions of Use.

### Send the completed form to

Retired Staff Travel Services  
1st Floor, 14 Pier Walk,  
North Greenwich, London, SE10 0ES

### Privacy notice

Transport for London (TfL), its subsidiaries and service providers, will use your personal information for the purposes of customer services and administration, the provision of travel related information, customer research and fraud prevention. Your personal information will be properly safeguarded and processed in accordance with the requirements of privacy and data protection legislation.

In certain circumstances, TfL may also share your personal information with the police and other law enforcement agencies for the purposes of the prevention or detection of crime.

## Privilege Ticket Authority cards (PTACs) – Conditions of Use

1. PTACs can only be used by the person whose name and photo appears on it.
2. You must carry your PTAC and associated Staff Oyster card at all times when travelling.
3. You, as a TfL employee, are responsible for all PTACs issued to you, your partner or your dependant(s).
4. It is your responsibility to return all PTACs when they've expired, if they are cancelled or if you are no longer eligible.
5. Any improper use of your PTAC, or PTACs issued to your partner and/or dependant(s), or any misconduct whilst travelling may result in your travel benefits being withdrawn. Disciplinary action may be taken and those involved may be prosecuted.
6. You must ensure that your partner and/or your dependant(s) are familiar with these Conditions of Use.
7. You may be charged a fee if you, your partner and/or dependant(s) lose your PTAC. This travel benefit may be withdrawn if you lose your PTAC more than once. Contact your HR team or Staff Office and fill in the appropriate form. Alternatively you can apply online in the Staff Travel section on the intranet.
8. Priv-rate travel is subject to exclusions and restrictions. Visit the TfL Staff Travel pages for full details.
9. PTAC holders are subject to all rules, regulations and Conditions of Carriage applied by service operators.
10. All PTACs remain the property of TfL and may be cancelled, suspended or withdrawn at any time. If withdrawn, or they cease to be available on particular services, no compensation will be paid.
11. Where a PTAC has been issued for leisure purposes or use on London Underground, DLR and London Overground services only, TfL and its agents will monitor use of the associated Oyster card to ensure that the Conditions of Use to ensure it's being used correctly. If there has been a misuse of your Oyster card, this information will be shared with your employing manager and may result in disciplinary action or the withdrawal of privilege facilities.

# Transport for London

## Application for Dependant 16+ PTAC – annual reissue

Please complete all parts.

This form will not be processed if any information is missing or completed incorrectly.

### Part 1: Employee details (please complete using BLOCK CAPITALS)

Mr/Mrs/Ms/Miss First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
*(Please Delete )*

Employee Number: 

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 Date Entered Service 

D	D	M	M	Y	Y
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Home Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

E mail: \_\_\_\_\_ Contact No: \_\_\_\_\_

### Part 2: Dependant's details

Please complete using block capitals – please complete all parts or put a cross through sections that are not relevant

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Date of birth 

D	D	M	M	Y	Y
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 Gender *(please delete)* Male/Female

You must provide a letter on official headed paper from their school, college or university confirming that your child is enrolled. The letter must also include the date that the course ends.

School/College/University attending:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment details (if working):**

Employer's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Gross weekly income: £ \_\_\_\_\_

**Other Income** (provide weekly amounts)

**Disability Benefits** (provide weekly amounts)

Unemployment benefit £ \_\_\_\_\_ Incapacity benefit £ \_\_\_\_\_

Supplementary benefit £ \_\_\_\_\_ Disability Living Allowance £ \_\_\_\_\_

**Any Other Benefits** (please specify weekly amounts) Invalid Care Allowance £ \_\_\_\_\_

£ \_\_\_\_\_ Severe Disablement Allowance £ \_\_\_\_\_

£ \_\_\_\_\_ Any other benefit £ \_\_\_\_\_

**Part 5: Declaration**

I confirm that the person named in Part 2 above is

- Eligible to receive a Dependant 16+ PTAC in accordance with these regulations
- Is dependent upon on me, unmarried and living at the same address. (Periods spent away from your home address whilst in full-time education or on an apprenticeship are acceptable)

I also understand that:

- If my dependant ceases to be eligible for this travel facility, it is my responsibility to return the Dependant 16+ PTAC to Staff Travel. Failure to do so may lead to the withdrawal of this travel facility from all my dependent children
- The recording of any false information on this application may lead to prosecution and the withdrawal of this travel facility

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_