Apply for your Scottish National Entitlement Card (NEC)

(including area code) #MOBILE NUMBER #EMAIL ADDRESS *ADDRESS *ADDRESS *POSTCODE	proofs and Terms and C If you are under 12 year concessionary travel, so part of the declaration o If you require help comp card, contact your local be completed; one of th	oleting this form, OR if you need to replace an existing council . Please use BLACK ink . Items marked * MUST e items marked # MUST be completed.	For enquiries: 01467 533744 Please return to: <u>entitlementcard@aberdeenshire.gov.uk</u> Post: Freepost Access Aberdeenshire, Woodhill House, Westburn Road, Aberdeen, AB16 5GB		
*SURNAME	*FIRST NAME				
*SURNAME	MIDDLE NAME				
*DATE OF BIRTH //	*SURNAME				
Female Male Other Completed or no photo GENDER	*DATE OF BIRTH	//			
(including area code) #MOBILE NUMBER #EMAIL ADDRESS *ADDRESS *ADDRESS *POSTCODE PHOTOGRAPH: If you are over 11 years old or applying for the national disabled person's travel concession, you MUST provide a passport style photograph. If you have no proof that the photo matches your details given above, the Photo Referee section below MUST be completed by someone who knows you as detailed in the guidance notes at <u>www.nec.scot</u> . DO NOT affix your photo, but provide it along with your completed form and proofs. Photo Referee's Declaration - to be completed by a Referee if no photo proof is available. If this section is completed this form MUST be submitted through your Local Council. Name Profession or position in the community Your employer's name and the address you work at	GENDER		Completed or no photo		
*ADDRESS	(including area code)				
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Profession or position in the community					
Your employer's name and the address you work at Postcode Work Telephone I can confirm that I know (applicant's name) for years as	Name				
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Print Name:	Signature	Date			
	Print Name:				

Declaration to be completed by Applicant after completion of other side of form

I confirm that, as far as I know, the details I have provided are complete and accurate and I understand that action may be taken against me if I have provided false information or if I misuse the services provided. I understand that I must promptly inform my council of any changes that may affect my entitlement to services. I have read the information on this form and the Terms and Conditions at www.nec.scot and agree to the processing of the personal details on this form to the extent necessary for the administration of the National Entitlement Card scheme.

Applicant Signature (parent / guardian if applicant aged under 12 years old) Date

I confirm that I agree to the processing of the personal details on this form for the provision of Concessionary Travel.

Date

Applicant Signature (parent / guardian if applicant aged under 16 years old)

Please PRINT your name below if signing on behalf of another as parent / guardian / attorney:

Proof Verification – To be Completed by Verifying Staff Only								
PERSON	Г		Y/N	SIGHT IMPAIRMENT		SIG		
ADDRESS ADD ADD YOUNG SCOT OP	T-OUT		Y/N	DISABILITY		DIS		
PHOTO			VOL	COMPANION OPT-OUT (if eligible)	r 🗆	Y/N		
EXPIRY DATE (DD/MM/YYYY)//								
Young Scot Card Only (i.e. 11-25 inclusive, Young Scot CARD TYPE TYP Opt-Out N) TYP TYP								
Either: Passport Reference								
Or: Driving Licence Reference								
Or: Photo Referee and Birth Certificate Reference				er code 🗆 🗆				
Referee Contact Details confirmed		Referee Confirmation						
Work? Company / Employer? Not related / living at same address as / in related					relationship w	vith ()		
Position? Signed photo?		How long known applicant? years						
Over 25? 🔿	How do you know age?							
Date contacted:	Confirmed address as on application?							
Contacted by: Comments:								
Comments:								
DATE (DD/MM/YYYY)//					OF	FICIAL		
SIGNATURE					ST	AMP		
PRINT NAME								