Application for priority seat card

Please use BLOCK CAPITALS and complete all fields

Personal details (to be completed by applicant)

Title	Mr 🗌	Mrs □ I	VIs □	Miss 🗆	Other
Surname					
First name/s					
Postcode					
Home address					
Town					
County					
Telephone					
Mobile					
Email					
Date of Birth					
Please indicate wh	y you are	applying	for the	priority	seat card
Medical condition/di	sability \square	Pregna	ant 🗆	Over 6	5 🗆
Due date (if applying due to pregnancy)					
Date of recovery					
(For those with a temporary impa	airment please ind	licate the expec	ted date of r	ecovery as con	firmed by the doctor in the supporting documentation)
Checklist for subm	nission				
Two passport sized photos showing head and shoulders only \square Application form \square					
Proof of address (copy) ☐ Proof of eligibility for card (see criteria) ☐					
I confirm that the details I have given on this form are correct and accurate and understand that this application is subject to Govia Thameslink Railway terms and conditions which I have read, understand and agree to. I also confirm that Govia Thameslink Railway will store this data in line with the data protection act.					
Signed					Date









To apply simply email **priorityseatcard@gtrailway.com** attaching a completed form, supporting documents and a colour scan of your passport photos

or post it to us at

Priority Seat Card Application Customer Services Govia Thameslink Railway 2nd Floor Monument Place 24 Monument Street London EC3R 8AJ