



## 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](http://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.

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

**Date**

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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PER	TRAVEL OPT-OUT	<input type="checkbox"/>	Y/N	SIGHT IMPAIRMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SIG
ADDRESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ADD	YOUNG SCOT OPT-OUT	<input type="checkbox"/>	Y/N	DISABILITY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DIS
PHOTO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PHO	VOLUNTEER	<input type="checkbox"/>	VOL	COMPANION OPT-OUT (if eligible)	<input type="checkbox"/>	Y/N

EXPIRY DATE (DD/MM/YYYY) \_\_\_/\_\_\_/\_\_\_

#### Young Scot Card Only (i.e. 11-25 inclusive, Young Scot Opt-Out N)

Either: Passport Reference \_\_\_\_\_

Or: Driving Licence Reference \_\_\_\_\_

Or: Photo Referee and Birth Certificate Reference- \_\_\_\_\_

CARD TYPE  TYP

VERIFIER CODE

#### Referee Contact Details confirmed

Work?  Company / Employer?

Position?  Signed photo?

Over 25?

Date contacted: \_\_\_\_\_

Contacted by: \_\_\_\_\_

Comments:

#### Referee Confirmation

Not related / living at same address as / in relationship with

How long known applicant? \_\_\_ years

How do you know age? \_\_\_\_\_

Confirmed address as on application?

Comments:

DATE (DD/MM/YYYY) \_\_\_/\_\_\_/\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME

OFFICIAL  
STAMP