

Delay-**Repay** Claim Form

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK PEN

1. Personal Details

Surname

Forename

Mr Mrs Miss Ms Other

Address

Town/City

Postcode

Daytime Telephone Number

2. Ticket Details

Station:

From

To

Ticket Type: Adult Child Student

Single Return 3-Day Flexi Weekly Monthly Annual

Ticket Number (if mLink ticket)

Mobile Phone Number (if mLink ticket)

Ticket Value

£ .

Please attach the relevant ticket. Photocopies will be accepted for weekly and monthly paper tickets. Annual Commuter Card holders should supply your card reference number.

3. Details of Delayed Journey

Date of Delay

D	D	M	M	Y	Y
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Journey

From:

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To:

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Scheduled Dep. Time

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Length of Delay (mins)

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(Must be at least 30mins)

The details on this form are to the best of my knowledge correct and accurate.

Applicant's signature

Date

D	D	M	M	Y	Y
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For Office use only

Value of discount

£

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Date received

D	D	M	M	Y	Y
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Date processed

D	D	M	M	Y	Y
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Authorised by

Delay Repay Claim Entitlement

Delay Repay Ref No.

Translink Voucher No(s).

Compensation will not be given for the following reasons

- Security Alerts
 - Extreme Weather
 - Beyond control of NI Railways
- Full terms and conditions available from our website.

Please send this completed form to:

Customer Services,
Adelaide Centre, 8 Falcon Road,
Belfast, BT12 6PU

