

go card registration application



Important information: Complete this application if you would like to register an existing unregistered go card. You can also register your existing go card online at www.translink.com.au/go or by phoning TransLink on 13 12 30. Registered cardholders can also access their go card account online, and can obtain a go card online password by phoning TransLink on 13 12 30.

Where an authorised user is linked to the account, the cardholder must supply credit card details in section C.

Please leave a box between words.

Privacy Statement: The information collected on this application will be used to fulfil the TransLink Transit Authority's requirements. Our objective is to protect the privacy, accuracy and security of your personal information. Full details of the TransLink smart card Privacy Statement can be obtained at www.translink.com.au/go or by phoning TransLink on 13 12 30.

Applying (tick appropriate boxes)

go card number (last 16 digits on back of card)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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To register my existing unregistered go card

For my use only complete sections A and D only

For use by authorised user only complete sections A, B, C and D

A) Cardholder details

The cardholder must be 15 years of age or older to apply for a registered card. The cardholder is responsible for the card and compliance with the go card Conditions of Use. **You must complete the mandatory fields (▼).**

Title (tick only one) Mr Mrs Miss Ms Dr

Given name Middle initial/s Family name

Home address

City / Suburb State Postcode

Postal address (if different to home address) State Postcode

Email address (no spaces)

Email address cont... (no spaces)

Daytime phone Mobile phone Date of birth / /

Security question

Please answer **one** of the following security questions for identification purposes only.

Your mother's maiden name Name of your first pet City or town where you were born

Password (answer)

OFFICE USE ONLY

Date form received

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Processed by

CTS

Time/Date stamp

QR station

User ID

<input type="text"/>
