RING A LINK PASSENGER REGISTRATION FORM



Ring a Link, Unit 4, Cillín Hill, Dublin Road, Kilkenny, R95 A4VP www.ringalink.ie 1890 42 41 41

Please fill out this form in BLOCK CAPITALS. We will only be able to book a journey for you once we have received all the information below. When we have received and registered your information we will contact you at the phone number you have provided to inform you that you may travel.

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PERSONAL INFORM	IATION	
NAME		LANDLINE NUMBER
DATE OF BIRTH	/ /	MOBILE NUMBER
GENDER	Male ☐ Female ☐	EIRCODE
E-MAIL		
ADDRESS		
FREE TRAVEL PASS	INFORMATION (Please igr	ore this section if you do not use a pass)
TRAVEL PASS NUN	/IBER	
· ·	• •	ease give a detailed description of how to get to your vill enable the driver to collect you from your home.
OTHER INFORMATI	ON	
How did you hear	about Ring a Link?	☐ Friend/Neighbour ☐ Social Media ☐ Internet☐ I saw the bus ☐ Other:
What is the purpo (e.g. social/shopp		
•	ers to using transport, i.e. s / assistance required / si se give details.	ght
Regulations. Such pnecessary and for t	personal data shall not be s he purpose of arranging th	processed in full compliance with EU General Data Protection hared with third parties, and shall be stored only as long as is the transportation proposed in this application. Please sign store and process the personal data provided above.
SIGN TO GIVE YOU	R CONSENT:	DATE:
FOR OFFICE USE ON	 VLY	
ENTERED BY		DATE