



ELECTRIC BIKE FUND – APPLICATION FORM 2016

A separate form must be completed for each individual who wishes to access the **Electric Bike Fund “car2cycle”**. (A copy of the scheme can be found on Gov.je)

The form must be signed by a parent/guardian for anyone under 18 years old for whom they have Parental Responsibility. The Declaration should be taken to Sand Street Parking Control Office *OR* Driver & Vehicle Standards (DVS) to be authorised by DfI. *Please take the stamped and signed original declaration to a bike retailer in Jersey within 4 weeks of authorisation to receive the grant.*

PART 1 – DETAILS (Please print in BLOCK CAPITALS)

Name of applicant: _____	Gender: Male / Female
Date of Birth (D/M/Y): _____	Resident in Jersey: Yes / No
Passport No./Driving Licence: _____	Social Security No.: _____
Address: _____ _____ _____	
Post Code: _____	Email: _____
Telephone: _____	Mobile: _____

PART 2 – DECLARATION

I confirm and understand the following:

- I must be 14 years and older to participate in the scheme;
- I must provide original KYC details (passport *OR* driving licence), **and** a utility bill, bank statement, Jersey residence card *OR* school letter dated within 3 months);
- I am eligible to purchase only ONE E bike under the scheme **within 4 weeks subject to availability** (it is not permissible to purchase more than one E bike per individual or sell the E bike for profit under the scheme);
- I must purchase an E bike from a local retailer in Jersey and pay the purchase price less the grant amount;
- I should have a service check completed within 3 months of purchase;
- I must inform DVS if my details and circumstances change and I no longer require an E bike;
- I am aware that that the information I supply will be held electronically by the States of Jersey and may be used for statistical and research purposes.*

I HAVE READ, UNDERSTOOD, AND AGREE WITH THE CONDITIONS OF ACCESSING THE CAR2CYCLE FUND.

Name of applicant / parent / carer: _____ Date: _____

Signature of applicant / parent / carer: _____

*The information you provide will be processed in accordance with the Data Protection (Jersey) Law 2005.

For Office use only.

Date approved (D/M/Y): _____

Issuing Officer: _____

E bike number issued: _____

For Bike retailer (name): _____

Brand purchased and price: _____

Official stamp:

Expiry: