

**BICYCLE SHOP TO BE GIVEN ANNEX E. PLEASE FORWARD ANNEXES A, B, C AND PRELIMINARY INVOICE TO PAYROLL SECTION, GALWAY. AFTER COLLECTING YOUR BICYCLE PLEASE FORWARD ANNEX D AND SUPPLIERS INVOICE TO CUSTOMS CLEARANCE SECTION. YOUR APPLICATION WILL THEN BE COMPLETED**

**Cycle-to-Work Scheme  
 Application Form**

To: Finance Branch  
 Dept of Defence

From: Service No \_\_\_\_\_ Rank: \_\_\_\_\_  
 Name \_\_\_\_\_ Unit: \_\_\_\_\_  
 E Mail Address \_\_\_\_\_ Contact Details: Mobile \_\_\_\_\_

Suppliers Name: \_\_\_\_\_ VAT Number \_\_\_\_\_  
 Suppliers Tax Clearance Cert Ref No \_\_\_\_\_  
 Suppliers Tax No \_\_\_\_\_  
 Supplier's Bank details for EFT transfer (**ONLY**)  
 Suppliers e mail address \_\_\_\_\_

<b>Goods</b>	<b>Description</b>	<b>Price inclusive of VAT</b>
Bicycle		
Cycle helmet conforming to European standard EN 10798		
Bells and bulb horn		
Lights, including dynamo packs		
Mirrors and mudguards		
Cycle Clips and dress guards		
Panniers, luggage carriers and Straps		
Locks and chains		
Pumps, puncture repair kits, cycle tools kits and tyre sealant		
Reflective clothing along with white front reflectors and spoke reflectors.		
<b>Total</b>		

**Attach Preliminary invoice for bicycle/cycle safety equipment ordered**

**Suppliers Stamp**

**To: Officers (5172)/Soldiers (5146) Pay Section**  
(Delete as necessary)

**Cycle-to-Work Scheme  
Salary Deduction Authorisation Form**

I hereby authorise a salary sacrifice of €\_\_\_\_\_ \* of my annual basic salary in lieu of the provision of a new bicycle/bicycle safety equipment by the Department of Defence. I realise that this arrangement will operate over a period of one year and that the salary sacrifice will be reflected in my pay-cheques and pay-slips over that period.

I declare that the bicycle/bicycle safety equipment supplied under this scheme is for my personal use and will be used primarily for qualifying journeys i.e. journeys to and from work and that such equipment is subject to any rules or conditions that are in force concerning the operation and use of the equipment.

I understand that I should use the bicycle in line with all rules and regulations as set out by the Road Safety Authority (RSA) and make use of proper bicycle safety equipment at all times<sup>3</sup>

I have read and agree to Cycle-to-Work Scheme Conditions set out D Admins letter dated 17 Sept 2009 together with Department of Finance Circular 16/2009

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
No \_\_\_\_\_  
Rank: \_\_\_\_\_  
Unit: \_\_\_\_\_  
Cost Centre Code: \_\_\_\_\_

**Finance Branch Use Only**

Received on \_\_\_\_\_

Salary Surrender set up on \_\_\_\_\_

Date copy sent  
back to Unit \_\_\_\_\_

Certified  
By \_\_\_\_\_

<sup>3</sup> Please See RSA website : [http:// rulesoftheroad.ie/rules-for-pedestrians-cyclists-motorcyclists/cyclists/index.html](http://rulesoftheroad.ie/rules-for-pedestrians-cyclists-motorcyclists/cyclists/index.html).

\* Full purchase price of the Bicycle and or cycle safety equipment as listed on invoice

**Finance Branch  
Stamp**

**COMMANDING OFFICER'S RECOMMENDATION**  
**CYCLE TO WORK SCHEME**

**Formation:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Cost Centre Code:** \_\_\_\_\_

**Applicant**

**Number:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**Name:** \_\_\_\_\_

1. This is to certify that the above-mentioned applicant is entitled to apply for the above-mentioned scheme.
2. The above-mentioned applicant has not availed of the cycle to work scheme within the past 5 (five) years.
3. This application is recommended.

\_\_\_\_\_  
( )  
Unit Commander/Authorised Officer