

EYECAN.

CHILDREN'S SPECTACLES

VOUCHER SCHEME



If needed, a copy of your child's JY number can be obtained from Customer and Local Services.

EYECAN VOUCHER

I hereby agree with the Terms and Conditions outlined in this document and certify the accuracy of the information provided below.

Parent/Guardian's signature: _____

Parent/Guardian's name (PLEASE PRINT): _____

Date: _____

No claim has been made within the last 12 months for this child.

JY Number: _____

Date of birth: _____