

REFUND CLAIM FORM

PERSONAL INFORMATION:

Name (First, Surname):* _____
Address (Street and No.):* _____
City, Zip Code, Country:* _____
Contact Phone:* _____
E – mail: _____
Account No. (IBAN):* _____
Bank (Name):* _____

TICKET INFORMATION:*

Ticket Number _____
Term Pass (Card Number) _____
E-ticket (Order Number) _____

REASON FOR RETURN (Briefly describe the circumstances):*

Enclosure:

Signature

Note:

By signing below the applicant is responsible for the accuracy of information entered. Incomplete and illegible claim forms will not be processed.
Fields marked with * are mandatory

Office use only:

Ticket office (Name) _____
Officer _____ Date and Time: _____
(Name and Surname)

Office use only:

Ticket Price _____
One-way Ticket Price _____
10% Refund Fee _____

TOTAL AMOUNT OF REFUND _____

Officer _____ Date: _____
(Name and Surname)