



REQUEST FOR TICKET PRICE REFUND

Request should be sent to the following address (or submitted in the nearest Čazmatrans ticket vendor):

Čazmatrans – Nova d.o.o.

M.Novačića 10

43 240 Čazma

e-mail: komercijala@cazmatrans.hr

Information about the person requesting the refund:

Name and surname:

(minors should add parents' /guardians' names as well)

Address:

Telephone number and/or e-mail:

IBAN of the account where the refund will be paid:

(the owner of the account has to be the person stated in the refund request)

Ticket type (select one):

☐ Ticket

☐ Monthly ticket

☐ International ticket

Ticket number or order number (for online tickets):

Brief explanation of the reasons for submitting the refund request:

Attached (select one):

☐ Sick leave documentation from the doctor.

☐ Days off documentation from the employer.

☐ Termination of employment documentation from the employer.

☐ Other: _____

Date: _____

Signature

NOTE: Ticket refund is made only based on the original ticket according to General Terms and Conditions of Transport. The data requested here is collected only for granting ticket refund and will not be used for any other purposes – Article 6 of Regulation (EU) 2016/679 of the European Parliament and of the Council on data protection.

To be filled in by Čazmatrans:

Date of request submission: _____

☐ Request justified.

☐ Request not justified or incomplete (explanation): _____

Refund calculation:

Ticket price: _____

Single ticket price/used part of the monthly ticket: _____

Manipulative expense: _____

☐ 20% _____

Total refund: _____

Refund made by:

☐ Čazmatrans – Nova d.o.o.

☐ Čazmatrans Promet d.o.o.

☐ Čazmatrans Dalmacija d.o.o.

☐ Čazmatrans Vukovar d.o.o.

Refund calculated by: _____

Refund approved by: _____