



## REFUND CLAIM FORM

### PERSONAL INFORMATION OF THE APPLICANT:

Full Name (First, Surname):\* \_\_\_\_\_

Address (Street and Number):\* \_\_\_\_\_

City, Zip Code, Country:\* \_\_\_\_\_

Phone: \* \_\_\_\_\_

E-mail address: \_\_\_\_\_

Bank Account Number (for refund):\* \_\_\_\_\_

Bank name:\* \_\_\_\_\_

### TICKET INFORMATION (check):\*

Ticket Number: \_\_\_\_\_

Term / Monthly pass Number: \_\_\_\_\_

E-ticket Number (Order number): \_\_\_\_\_

### REASON FOR RETURN/CLAIM (Briefly describe the circumstances): \*

\_\_\_\_\_  
\_\_\_\_\_

### Attachment:

\_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant

### Note:

Refund will be made only if the original ticket is attached, according to General conditions of carrier available on the website [www.arriva.com.hr](http://www.arriva.com.hr). For the accuracy of the entered data, the applicant will be liable with his / her signature on this Refund Claim Form. Incomplete and illegible fulfilled Refund Claim forms will not be taken into account.

\*required field

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### Ticket office data (office use only)

Ticket office that received form: \_\_\_\_\_

Received by: \_\_\_\_\_ Date and time: \_\_\_\_\_

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### Refund (office use only)

Ticket / Pass Price: \_\_\_\_\_

One-way ticket Price / used part of the pass: \_\_\_\_\_

10% Refund Charge: \_\_\_\_\_

TOTAL AMOUNT FOR REFUND: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_