

APPLICATION FORM

PLEASE FILL THE FORM IN CAPITAL LETTERS

- claim refund application complaint, other application

Personal Details

- Ms Mr

Name:

Surname:

Address for correspondence:

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In order to receive a response to a claim / refund application / complaint, other notification by e-mail, please enter your e-mail address legibly

e-mail: Phone no. :

Details of your journey:

Train no. date of the journey
day month year

departure time : departure station

arrival time : arrival station

Application reason:

- refund for unrealized carriage
 compensation for a delayed train
 inadequate level of travel comfort (failure of air conditioning / heating / lighting / lack of a suitable type of wagon)
 other reasons. If you consider that information included in this form is not sufficient please describe the reason of your complaint at the back side
 demand for payment

Attachment

- 1) copy/original*
* cross out unnecessary , specify the ticket number, the name of document
2) copy/original*
* cross out unnecessary , specify the ticket number, the name of document
3) copy/original*
* cross out unnecessary , specify the ticket number, the name of document

Your bank account details:

Attention! If you provide the bank account number that will accelerate payment in case of positive decision. Reimbursement of a ticket purchased via e-ic, Bilkom, Skycash/Navigator is carried out automatically on the account from which the payment was made. In case of a change of the bank account in the time between making the payment and submitting the application, please indicate the number of the new bank account to which the payment shall be made.

International bank account number- IBAN • bank account no. / IBAN:

BIC/SWIFT:

Name and address of the bank:

Name and surname of bank account holder:

