SMART CARD REQUEST

REQUIRED INFORMATION					
NAME					
SURNAME					
OIB (PIN)					
ADDRESS					
CITY/TOWN					
POST CODE					
COUNTRY					
DATE OF BIRTH					
Under criminal and material responsible General Terms and Conditions of Busi By signing this request, I give my explipation of issuing a smart card and response of issue of the smart card and response of issuing a smart card and resp	oility, I confirm the truthfulness of all the information and fully accept the ness and the provisions of Tariff 101 of HŽ Putnički prijevoz. icit consent to HŽ Putnički prijevoz to process my personal data for the egistering the passenger.				
All the data listed in the request must be filled out. In case of withholding the listed data, HŽ Putnički prijevoz will not issue the smart card.					
I WANT TO RECEIVE NOTIFICATIONS AND OFFERS FROM HŽ PUTNIČKI PRIJEVOZ If you wish to receive notifications and offers from HŽ Putnički prijevoz, please fill in the following details:					
if you wish to receive notifications and	offers from HZ Putflicki prijevoz, please illi ili tile following details.				
E-MAIL					
MOBILE PHONE					
By providing this data, I declare that I consent to their use for the purpose of sending promotional notifications and offers from HŽ Putnički prijevoz. To unsubscribe from the list of recipients, please send an email to marketing@hzpp.hr.					

PLEASE MARK THE PROFILE:		
GENERAL PROFILE K-19		
YOUTH UP TO 26 YEARS OLD K-33J		
STUDENT'S TRANSCRIPT IS WORTH MORE (NON-REGULAR STUDENTS K-33X)		
YEARS ARE WORTH MORE (OLDER THAN 60, YOUNGER THAN 65 YEARS OLD K-33S)		
	п	
TO BE FILLED OUT BY HŽPP:		
NAME AND NUMBER OF POINT OF SALE		
EMPLOYEE		
SMART CARD NUMBER		ੌਜ਼ੁHŽPP