

SMART CARD REQUEST

REQUIRED INFORMATION

NAME _____

[illegible]

SURNAME

[illegible]

OIB (PIN)

[illegible]

ADDRESS

[illegible]

CITY/TOWN

[illegible]

POST CODE

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|--|--|--|--|--|

COUNTRY

[illegible]

DATE OF BIRTH

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Under criminal and material responsibility, I confirm the truthfulness of all the information and fully accept the General Terms and Conditions of Business and the provisions of Tariff 101 of HŽ Putnički prijevoz.

By signing this request, I give my explicit consent to HŽ Putnički prijevoz to process my personal data for the purpose of issuing a smart card and registering the passenger.

SIGNATURE/SIGNATURE OF GUARDIAN

DATE _____

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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:

E-MAIL

[illegible]

MOBILE PHONE

[illegible]

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:

STUDENT ANNUAL TICKET

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WITH THIS CERTIFICATE, THE EDUCATIONAL INSTITUTION CONFIRMS THAT

| |
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IS A REGULAR STUDENT IN THE ACADEMIC YEAR

$$\frac{\boxed{} \boxed{} \boxed{} \boxed{}}{\boxed{} \boxed{} \boxed{} \boxed{}} / \frac{\boxed{} \boxed{} \boxed{} \boxed{}}{\boxed{} \boxed{} \boxed{} \boxed{}}$$

CERTIFICATION OF THE EDUCATIONAL INSTITUTION

TO BE FILLED OUT BY HŽPP:

NAME AND NUMBER OF POINT OF SALE

[illegible]

EMPLOYEE

[illegible]

SMART CARD NUMBER

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