

SMART CARD REQUEST

REQUIRED INFORMATION

NAME

SURNAME

OIB (PIN)

ADDRESS

CITY/TOWN

POST CODE

COUNTY

COUNTRY

DATE OF BIRTH

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

DATE

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

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:

RETIRED

7

PERSON OVER 65 YEARS OF AGE

7

TO BE FILLED OUT BY HŽPP:

NAME AND NUMBER OF POINT OF SALE

[illegible]

EMPLOYEE

[illegible]

SMART CARD NUMBER

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