SMART CARD REQUEST

REQUIRED INFORMATION				
NAME				
SURNAME				
OIB (PIN)				
ADDRESS				
CITY/TOWN				
POST CODE				
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:		
SISAK-MOSLAVINA COUNTY - EARTHQUAKE, MONTHLY TICKET		
UKRAINIAN CITIZENS		
TO BE FILLED OUT BY HŽPP:		
NAME AND NUMBER OF POINT OF SALE		
EMPLOYEE		
SMART CARD NUMBER		

