

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:

APPLICATION FORM

Complaint matter

If you believe that information contained in this form is not sufficient, please describe the reasons of your application on the back side.

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Information clause

The administrator of personal data provided in relation to the complaint / application for reimbursement for unused transport documents is 'PKP INTERCITY' S.A. with its registered office in Warsaw at Aleje Jerozolimskie 142A.

If you have any questions related to the processing of personal data, we recommend to contact the Data Protection Officer appointed by the controller, tel. 22 474 21 15 e-mail address: iod@intercity.pl.

Your personal data is processed due to proper service regarding the reported case. The scope of the data includes the data given in the complaint / application for reimbursement for unused transport documents. The legal basis for processing is: art. 6 paragraph 1 lit. a and lit. c Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and the repeal of Directive 95/46/EC.

The period of personal data processing is 5 years, in connection with the possible pursuance of claims in the course of legal proceedings.

You have the right to withdraw your consent, request access to personal data, rectify it, delete it, restrict its processing, transfer it or object to its processing.

Persons who do not have full legal capacity are required to obtain the prior consent of their parents or legal guardians.

You have the right to lodge a complaint with the supervisory authority competent for data processing.

I agree to have my personal data processed for the purpose of considering this application by PKP Intercity SA. and, if necessary, disclose my personal data to the relevant legal entity in order to consider the application by the competent authority.

..... city date Customer's signature

Carrier's staff fill out

I have received

..... Name and surname Date and Time city

case reference no. :