

REQUEST A REFUND FOR YOUR TRAVEL TICKETS

The undersigned: _____ Card number:

--	--	--	--	--	--

Home address: _____

Phone number: _____ Email address: _____@_____

Ticket(s) for which you are requesting a refund:

- N° _____ Single-ride tickets, carnets or daily tickets for a total purchase price of € _____
- Weekly or monthly subscriptions for a total purchase price of € _____
- Annual subscription valid until _____ for a total purchase price of € _____
- WRITTEN REPORT N° _____ DATE _____ AMOUNT _____

The refund will be granted without any economic limit under the following conditions:

1. For single and daily tickets, as well as weekly and monthly subscriptions, a 90% refund of the purchase price will be granted, provided they have not been validated (or have been canceled by tearing the appropriate stub) or if the request is made before the validity period begins;
2. For multi-ride tickets (carnets), a 90% refund will be granted on the difference between the purchase price and the cost of the number of single tickets already used;
3. For annual subscriptions, a 100% will be granted on the difference between the purchase price and the cost of one or more corresponding monthly subscriptions for the period of use, with any partial month counted as a full month.

The refund percentage mentioned in points 1 and 2 increases to 100% if the traveler chooses to use the entire refund amount for the purchase of other travel tickets.

The requester wishes to receive the refund as follows:

- Travel tickets at the ASF office where this request was submitted.

Bank transfer to the following bank details:

IBAN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Tel. 031 247.111
Fax 031 340.900



www.asfautolinee.it
info@asfautolinee.it
segreteria@pec.asfautolinee.it



Via Asiago 16/18
22100 Como



P. Iva e CF 02660190139
CCIAA Como R.E.A. n. 272121
Capitale Sociale €7.460.785,00

BIC																			
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account holder: _____

Date: ____/____/____ Signature _____

Attach documentation

Receiving Office: _____

Your personal data will be processed exclusively for managing your request. Your data will not be shared with third parties and will be recorded manually, in paper form, electronically or digitally by authorized personnel. If any illegal activities are detected in your request, we reserve the right to forward the case to the relevant authority. The data controller is ASF autolinee srl and the data processor is the current Operations Director; you may exercise your rights under art.7 del D.lgs196/2003.

Failure to provide personal data (name and surname, address and/or phone number) will prevent the request from being processed successfully.

Section reserved for ASF Autolinee Offices:

Refund amount: € _____, _____ Authorized by: _____



Tel. 031 247.111
Fax 031 340.900



www.asfautolinee.it
info@asfautolinee.it
segreteria@pec.asfautolinee.it



Via Asiago 16/18
22100 Como



P. Iva e CF 02660190139
CCIAA Como R.E.A. n. 272121
Capitale Sociale €7.460.785,00