

SchokoTicket Order Form for a Subscription

Personal Particulars

Please write legibly in block capitals. Tick where appropriate.

Surname/first name

Street/house number

Postcode/ZIP/place of residence

Daytime telephone number (voluntary information)

Email (voluntary information)

Mobile telephone number (voluntary information)

Sex f m

Date of birth

Day Month Year

Customer number

This section is to be completed by the transport company

In the case of minors please provide details of the legal representative

Surname/first name

Street/house number

Postcode/ZIP/place of residence

Daytime telephone number (voluntary information)

Email (voluntary information)

Mobile telephone number (voluntary information)

Sex f m

Date of birth

(voluntary information)

Day Month Year

Subscription for a SchokoTicket price Level D for 36,00/month.

The SchokoTicket should be valid from: (Please specify)

Month Year 2 0

Street/house number

Name of the school

Postcode/ZIP/City

Our school is an educational institution in accordance with the NRW Schools Act:

§ 11, 14 – 18 General education school (Grundschule, Hauptschule, Realschule,

Sekundarschule, Gymnasium, Gesamtschule, gymnasiale Oberstufe)

§ 20 Förderschule (School for children with learning difficulties)

§ 21 Schule für Kranke (School for sick children)

§ 22 Berufskolleg (full-time):

§ 22 para 4 Berufsschule

- Vocational orientation year
- Year of vocational preparation
- Classes for pupils without any vocational training relationship

Fachklassenschlüssel

Schulgliederung

§ 22 para 7 Fachoberschule

- One-year and two-year training courses (professional skills and qualification for Fachhochschulreife)

§ 22 para 5. Berufsfachschule

- One-year and two-year training courses (basic vocational training)
- Two-year training courses (vocational qualification according to state law and qualification for Fachoberschulreife)
- Two-year and three-year training courses (professional skills and qualification for Fachhochschulreife)
- Two-year and three-year training courses (vocational qualification according to state law and qualification for the Fachhochschulreife)
- Three-year training courses (professional skills and qualification for the general Hochschulreife)
- Training courses of at least three years (vocational qualification according to state law and qualification for the general Hochschulreife)

§ 118 para 3 Recognised general education, foreign or international Ergänzungsschule

Other: _____

Confirmation of the school:

Proof of entitlement to purchase the SchokoTicket through confirmation of the school.

The pupil will probably attend the school until

Day Month Year

Date/signature/stamp with address of the school

Please see overleaf.

SchokoTicket

Order Form for a Subscription

This section is to be completed by the transport company

Date/Office _____

Signature _____

Address of your transport company:

Do you want to get the SchokoTicket?

If so, please complete the application and send it in a stamped addressed envelope to the transport company where you live or hand it in directly at the KundenCenter. Please always state the complete name and address of the transport company. The address can be found on the Internet www.vrr.de/de/vrr/vu.

Only completed application forms will be processed.

Subscriber's surname/first name (see page 1)

Data Protection

We use your data (type of ticket, area of validity and personal data) to fulfil this contract and for our own market research purposes. The only personal data stored on the card is that which is required to check the ticket (surname, first name, sex, date of birth). The personal data read out when the ticket is checked is not stored. If tickets are suspended (e.g. when they are cancelled or lost), this data is made available to the transport companies in the form of a suspended ticket list. This suspended ticket list only contains the numbers of the suspended tickets and the transport companies that issued them. For further information on data protection please see the subscription conditions.

I hereby agree that my data (type of ticket, area of validity and personal data) may be used for the latest information and the advertising purposes of the transport company.

I hereby agree that my data (type of ticket, area of validity and personal data) may be used for market and opinion research of the transport company or the VRR.

You may contact me as follows for this purpose (as well as by post):

(please enter under personal particulars)
You can retract your agreement at any time.

Telephone Text E-mail

I have read and accepted the tariff regulations, the subscription conditions and the transport conditions of VRR.

_____|_____|_____|_____|_____|_____|
Day Month Year

X _____
Place, Subscriber's signature

X _____
Place, Signature of the legal representative/
legal guardians (in the case of minors)

Issue of SEPA direct debit mandate

SEPA direct debit mandate

I hereby authorise the transport company to collect payments from my account by means of a direct debit. At the same time, I hereby instruct my credit institution to honour the direct debits withdrawn from my account by the transport company. **Note:** I may demand the reimbursement of the debited amount within a period of eight weeks, starting on the date my account is debited. The conditions agreed with my credit institution apply to the above. Before the first withdrawal of a SEPA Core Direct Debit, the transport company will inform me of this type of withdrawal.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Account holder

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Postcode/ZIP/place of residence

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Bank etc.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
IBAN (International Bank Account Number)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Street/house number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Telephone or mobile telephone number (voluntary information)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
E-mail (voluntary information)

Sex f m Date of birth _____
(voluntary information) Day Month Year

We use your data (type of ticket, area of validity and personal data) to fulfil this contract and for our own market research purposes.

You may contact me as follows for this purpose (as well as by post):

You can retract your agreement at any time.

Telephone Text E-mail

I have read and accepted the tariff regulations, the subscription conditions and the transport conditions of VRR.

X _____
Date, Place, Account holder's signature

X _____
Date, Place, Account holder's signature (legal representative if applicable)

D E _____
Identification code of the Creditor (To be completed by transport company)

With the submission of my application to VRR AöR, I agree to the disclosure of my data to the relevant local transport company in conjunction with the processing of my application. If such agreement is not submitted, the application will not be processed by VRR AöR.



Your Verkehrsverbund Rhein-Ruhr wishes you a pleasant journey!