## Ticket2000/Ticket1000

<b>Ticket2000/Ticket1000</b> Order Form for a Subscription		Customer number This section is to be comp	eted by the transport co	mpany
The subscription should be valid from: (Please specify)	Tickettorol.	Ticket1000 Ticket1000 9 Uhr		
Month Year  I would like a:	-O	Ticket2000 Ticket2000 9 Uhr	transferable transferable	personal personal
T Would like a.		with supplement c fo The <b>Ticket1000</b> and the together with photograph	personal <b>Ticket2000</b> ca	
Personal details of the subscriber or ticket holder elease write legibly in block capitals. Please tick/check where appropriate	e.	For minors, please state th		nd/or contractual partn
Gurname/first name		Surname/first name		
Street/house number		Street/house number		
Postcode/ZIP/place of residence		Postcode/ZIP/place of	residence	
mportant details for enquiries:				
Mobile phone and landline number (voluntary informatio	n)	Mobile phone and lan		tary information)
Email (voluntary information)		Email (voluntary infor		
Oate of birth Day Month Year	d	Date of birth Day M	onth Year	Sex m m
By forwarding my application to VRR AöR, I cons part of contractual procedures (GDPR Article 6, pabsence of such consent.				
The following route should be covered by my Ticket:				
start city/district	des	tination	via	
For this I require a Ticket of the following price level (plea  A for the town/city of			company if necessa <b>C</b> tariff zone	

or for the stages and from two neighbouring tariff zones

**B** for the central tariff zone \_\_\_\_\_ and the associated area of validity

**D** for the entire VRR area

## Ticket2000/Ticket1000

Order Form for a Subscription	If so, please complete the application and send it in a stamped addressed envelope to the transport company where you live.		
Transport company address: Enter the address of the transport company that is to issue			
your ticket here.	Please always state the complete name and address of the transport company. The address can befound on the Internet: www.vrr.de/de/vrr/vu. Only completed application forms will be processed.		
	1111111111111		
	Subscriber's surname/first name (see page 1)		
Data Protection			
ding to consent (Article 6, para. 1 (a) GDPR). Only personal data required to che data read as part of a ticket inspection is not stored. If tickets are deactivate the form of a list of deactivated tickets. This list of deactivated tickets only co company accepting your application, and thus becoming contractual partner, with Article 6, para. 1 (b) GDPR and if necessary to perform further contractual	contract (Article 6, para. 1 (b) GDPR) and for our own marketing research purposes accoreck tickets is stored on the chip card (surname, first name, gender, date of birth). Personal ed (e.g. if cancelled or lost), this data will be made available to the transport company in ontains the deactivated ticket numbers and the issuing transport company. The transport uses and/or processes your personal data to fulfil the subscription contract in accordance al measures (e.g. creditworthiness check). Further information in accordance with Article ble to you by the accepting transport company. You can find a list of contacts for all the		
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 purpose of the transport company.	I agree that the subscriber details (ticket type, application, and personal data) be used for market and opinion research of the transport company and that they may be forwarded to a trustworthy market research company for this purpose.		
You may contact me as follows for this purpose (as well as by post):	You can retract your agreement at any time. Telephone Text Email (please enter under personal particulars)		
I confirm that I have read the data protection regulatitions of carriage of the VRR.	ions, the tariff rules, the subscription terms, and the condi-		
	X		
Day Month Year Place, Subscriber's signature	Place, Signature of the legal representative/legal guardians (in the case of minors)		
Issue of SEPA direct debit mandate			
I hereby authorise the transport company to collect payments from the accou	int named below by means of a direct debit entry. I also instruct my bank to honour the within eight weeks, request the refund of the amount charged with effect from the date		
Street / Number	Postcode/ZIP/place of residence		

Would you like to become a subscriber?

Street / Number	Postcode/ZIP/place of residence
Account holder	IBAN (International Bank Account Number)
Bank  We use your personal data to fulfil this contract. Please refer to details on	Date of birth Sex
data privacy for further information.	Day Month Year
Place, Account holder's signature	Place, Signature for minors, please state the legal representative and/or contractual partner (if different from the subscriber)

