SAVDA S.p.A.
Strada Pont Suaz, 6
11100 AOSTA (AO)
savda@arriva.it

OBJECT: **REFUND REQUEST**

NAME _____ ,

phone _____

e-mail_____,

asks refund tickets

n. _____ ; **n.** _____ ;

n. _____ ; **n.** _____ ;

which they have been canceled on _____ , ☐

Current account holder_____

Bank: _____

code IBAN: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

code BIC-SWIFT: _____

It enclosed the following documents:
- A copy of the travel document of which the refund is requested;

Date _____ **Signature** _____

I authorize the use of data in accordance with Legislative Decree 2016/679

Signature _____