



Place, date: .....

Ticket Group sp. z o. o.  
ul. Dzielna 60  
01-029 Warszawa

## FORM OF RETURN / COMPLAINT

### **1. DETAILS**

Name: .....

E-mail: .....

Phone number: .....

Order number: .....

Number of tickets: .....

Name of event: .....

### **2. REASON OF RETURN / COMPLAINT**

☐ Cancelled event ☐ Change of event date

☐ Other reason *(please describe the reason in the field below)*

☐ Complaint *(please describe the reason in the field below)*

.....  
.....

### **THE MONEY WILL BE RETURNED TO THE BANK ACCOUNT (OR CREDIT CARD) FROM WHICH IT WAS PAID.**

The new bank account number may be provided only in the case your account /credit card is closed .

#### **Reason of provided new bank account number:**

Credit card is closed ☐

Bank account is closed ☐

The new bank account number (26 digits): .....

### **3. ADDITIONAL INFORMATION**

For return / complain the tickets the filled in and signed form should be sent to [bilety@ticketclub.pl](mailto:bilety@ticketclub.pl)

.....  
**legible signature**