## Ticket2000/Ticket1000

**A** for the town/city of \_\_\_\_\_

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

Order Form for a Subscription		Customer number This section is to be comple	eted by the transport com	npany
The subscription should be valid from: (Please specify)	To (1970)	Ticket1000 Ticket1000 9 Uhr		
Month Year I would like a:	Tobes2000	Ticket2000 Ticket2000 9 Uhr	transferable transferable	personal personal
		with supplement c for the use of 1st class on the railways The <b>Ticket1000</b> and the personal <b>Ticket2000</b> can only be used together with photographic identification.		
Personal details of the subscriber or ticket holder Please write legibly in block capitals. Please tick/check where appropria	ite.	For minors, please state the		l/or contractual partner
Surname/first name		Surname/first name		
Street/house number		Street/house number		
Postcode/ZIP/place of residence		Postcode/ZIP/place of	residence	
Important details for enquiries:				
Mobile phone and landline number (voluntary information	on)	Mobile phone and land	dline number (volunta	ary information)
Email (voluntary information)  Sex		Email (voluntary inform	nation) Se	av.
Date of birth Day Month Year	d	Date of birth Day Mo	onth Year	] w
By forwarding my application to VRR AöR, I con part of contractual procedures (GDPR Article 6, absence of such consent.				
The following route should be covered by my Ticket:				
start	des	tination	via	
city/district				
For this I require a Ticket of the following price level (ple	ase have this cor	mpleted by your transport	company if necessary	<i>i</i> ):

C tariff zone

**D** for the entire VRR area

## Ticket2000/Ticket1000

Order Form for a Subscription	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.				
	Subscriber's surname/first name (see page 1)				
Data Protection					
data) to perform the subscription contract in accordance with poin creditworthiness check). Provided that you consent to this, your transcriber to the personal data required for ticket inspection (name data read out within the scope of a ticket check will not be saved. If in the form of a block list kept with the Verkehrsverbund Rhein-Ruhr.	g the contracting partner will use your personal data (ticket type, area of application, and peb) of Art. 6 (1) of the GDPR as well as potentially for execution of further contractual actior sport company will use your data for dedicated market research purposes (point (a) of Ar irst name, gender, date of birth) will be saved on the chip card for the ticket check. The pekets are blocked (e.g. at termination or loss), the transport company will receive that inforn his block list contains only the blocked ticket numbers and the issuing transport company. For econtractual measures will be provided to you by the receiving transport company. A contains the contains only the provided to you by the receiving transport company. A contains the contains of the contains of the provided to you by the receiving transport company. A contains the contains of the contains of the provided to you by the receiving transport company.	ns (e.g. rt. 6 (1) ersonal mation Further			
I agree that the data of the subscriber (ticket type, area of appl personal data) be used for current information and own advert transport company.		rveys o			
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)				
Confirmation of taking notice of the: (The subscrip	on contract can only be concluded if all four boxes are checked.)				
Data privacy policy Tariff provisions	Subscription term Transport terms of the VRR				
	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					
	ne account named below by means of a direct debit entry. I also instruct my bank to honou : I may, within eight weeks, request the refund of the amount charged with effect from the				
Street / Number	Postcode/ZIP/place of residence				
Account holder	IBAN (International Bank Account Number)				
	Date of birth Sex				
Bank We use your personal data to fulfil this contract. Please refer t data privacy for further information.		d d			

Would you like to become a subscriber?

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

Place, Account holder's signature



contractual partner (if different from the subscriber)

Place, Signature for minors, please state the legal representative and/or