

# REFUND OR COMPENSATION REQUEST FORM



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## Personal Data

Name: Last Name:

Company name:

Address:

ZipCode: City: Country:

E-mail:

Phone Number:

## User Data of any other passengers

Name: Last Name:

Name: Last Name:

Name: Last Name:

Name: Last Name:

## Travel Details

Purchase Channel: Agency/Website/Ticket office Ticket

Identification Number:

Departure: Arrival:

Journey Date: Departure Time: date  
(dd/mm/yy):

Departure time (if different from the scheduled departure time): date  
(dd/mm/yy):

Transportation path:

INDICATE THE REASON FOR YOUR REQUEST ( Distance over 250 km.)

Ticket has been issued / Contract conditions or discriminatory tariffs

Rights of Persons with Disabilities

Information in case of cancellation or delay on departure

Assistance at the station in case of cancellation or delay on departure

Alternative transport or refund in case of cancellation, late departure or overbooking

Travel Info

Information on passengers' rights

More

Select how you want to receive compensation/refund:

Vouchers or other services

INDICATE THE REASON FOR YOUR REQUEST ( Distance less than 250 km)

Contract conditions or discriminatory tariffs

Rights of Persons with Disabilities

Travel info

Information on passengers' rights

Difficulties in submitting a complaint

More

Select how you want to receive compensation/refund:

Vouchers or other services

2 - (specificare le modalità previste dal gestore per il versamento in denaro in conformità con la normativa)

(\*) You can indicate one or more reasons for complaint. For information on what are the rights of passengers bus services recognised by the Regulation (UE) n. 181/2011, you can visit the website for the Authority of Regulation of the Transports  
<https://www.autorita-trasporti.it/tutela-diritti-dei-passeggeri-trasporto-su-autobus/>

Description. Please describe what happened with respect to all items for which the checkmark was indicated

#### Attachments

3- Proxy and ID of the user (in case the complaint is submitted by a person other than the user)

#### 4- Customer signature:

**Place:**

**Date:**

Privacy Policy.

I authorize the treatment of the contained personal data in the present Complaint Form and the annexes thereto that pursuant to Legislative Decree 30 June 2003, No. 196 "Code for the protection of personal data" and Art. 13 of the General Data Protection Regulation (UE 2016/679)

Anyone who received this form by mistake or, in any case, in possession of the information contained therein without being entitled to, is warned that hold it, copy it, divulge it, distribute it to persons other than the recipient, is strictly prohibited and is requested to return it immediately to the sender, destroying the original in accordance with the new Rules of Procedure on personal data protection (G.D.P.R.).