……………………………………………………………

(Miejscowość i data)

**FORMULARZ ZWROTU**

**DANE KLIENTA** (Proszę wypełnić drukowanymi literami):

**Imię i Nazwisko:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Imię: |  |  |  |  |  |  |  |  |  |  | Nazwisko: |  |  |  |  |  |  |   |   |   |   |   |   |   |

**Dokładny adres:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ul: |  |  |  |  |  |  |  |  |  |  | Miasto: |  |  |  |  |  |  |  |  |  |  |  |  |   |

**Telefon i Adres e-mail:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tel: |  |  |  |  |  |  |  |  |  |  | Email: |  |  |  |   |   |   |   |   |   |   |   |   |   |

**Numer rachunku bankowego:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ZWRACANE BILETY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Data: |  |  |  | Godzina |  |  | Numer transakcji |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tytuł |  |  |  |  |  |  |  |  |  |  | Wartość zwracanych biletów |  |   |   |   |   |   |   |   |   |   |   |   |   |

**POWÓD ZWROTU BILETÓW**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |   |   |   |   |   |   |   |   |   |   |   |   |

Oświadczam, że znane mi są warunki zwrotu biletu określone w pkt. 5 Regulaminu sprzedaży biletów za pośrednictwem strony internetowej [www.gokino.pl](http://www.gokino.pl), a w szczególności konieczności dołączenia do niniejszego dokumentu potwierdzenia dokonania przelewu

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 Data i Podpis Kupującego Podpis osoby przyjmującej zwrot