

RETURN

**To Executive Director
of OOO Theatre and Concert Agency
“Dilyaver”
Skripkaru T.I.**

From: _____

Residential address: _____

Passport: Series _____ **No.** _____

Contact telephone number: _____

APPLICATION

Please return money to the payment card _____
(card name)

Card No.

| | | | | | | | | | | | | | | | | | |
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(Indicate No. of the payment card that has been used for the order payment. First 6 and last 4 figures)

for the tickets paid **via website** _____

in the amount _____ (_____) rub.
(amount in words)

Transaction No. _____ **Order No.** _____

To the entertainment _____
(entertainment name)

Date _____ [year] Time _____ [a.m/ p.m] Sector _____ Row _____ Seat (s) _____

due to _____
(indicate the reason)

I accept withholdings provided by the electronic tickets/ electronic subscriptions purchasing and engagement regulations _____ website.

Date “ _____ ” _____ 20 _____ [year]

Signature _____