



Statement of termination of membership in the Arriva loyalty program

APPLICANT'S FIRST NAME AND SURANME _____

LOYALTY MEMBERSHIP CARD NUMBER _____

I hereby declare that as of _____ I no longer wish to be a member of the Arriva loyalty program.

I understand that by terminating my membership in the Arriva loyalty program I shall lose all the rights to discounts and benefits enjoyed by members of the Arriva loyalty program, and that all my collected but not used points from the Arriva loyalty program shall be deleted, as well as that all my data for which there is no legal basis for keeping will be deleted after 1 year from the date on which deletion is requested or the loyalty program is terminated.

DATE OF SUBMISSION OF THE STATEMENT _____

APPLICANT'S SIGNATURE _____

Filled in by Arriva

RECEIVED BY (FIRST NAME AND SURNAME)

PLACE OF RECEIPT

DATE OF RECEIPT

TIME OF RECEIPT
