

REFUND

Executive director of Dilyaver LLC T.I. Scripcaru

From: _____ Residence address:

Passport: _____ Phone number: _____

Application

I hereby ask to return the money to the payment card

_____ (name of card) Card number: (Indicate the card with which you paid the order. First six or last four digits) for paid tickets via the website _____ in the amount of _____ (_____) (amount in words) Transaction № _____ Order № _____ for the event: date _____, name _____

_____, beginning time _____,

hall _____, sector _____, row _____,

Svetlanov, Chamber, Theatre stalls, amphitheatre (sides), upper circle (sides), dress circle (sides) seat (s) _____, due to _____.

Indicate the reason please

I agree with withholdings provided for in the rules for the purchase and use of electronic tickets / electronic subscriptions at www.mmdm.ru

Date _____ 20____

Signature _____