

## Notification of discontinuation

Business name	Business ID
Postal address	Telephone
Postal code and town or city	Email address
Managing Director or equivalent	Website

**DISCONTINUATION OF PROVIDING TRAVEL SERVICE COMBINATIONS**

**Statement by Managing Director or equivalent authorised signatory**

I assure that as provider of travel service combinations, any travellers to whom we have provided travel service combinations have no receivables from us, nor claims for compensation from us regarding travel service combinations or gift vouchers entitling to the purchase of travel service combinations.

Date and place	Signature and printed name (CEO or equivalent authorised signatory)
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**In order for the guarantee to be returned, a statement confirmed by an auditor of any payment obligations and claims for compensation is required.**

**Auditor's statement**

I confirm that the guarantee deposited by the company is not subject to claims or payment obligations.

The company's guarantee may be subject to payment obligations or claims. See details in the attachment.

Date and place	Auditor's signature and printed name
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CA       CPA