

Guarantee deposit reduction—application

Person submitting the notification

Company name	Business ID
Postal address	Telephone
Postal code and town or city	E-mail address
Managing director or other person in charge of the company	Website

For the assessment of reduced guarantee

Equity of the company:

Computational value of guarantee (from guarantee decision):

Liquidity (current assets and financial assets \geq short-term liabilities):

Current accounting period:

Previous accounting period:

Two years ago:

Account of activities:

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Date and place	Signature of managing director or other person in charge of the company, printed name
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Auditor's statement

- I confirm that the company meets the requirements for the reduction of guarantee pursuant to section 7, subsection 1, paragraphs 1 and 2 of the Act on Travel Service Combination Providers.

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

Attachments:

Financial Statements for the current year and two preceding years