

Supervision of reduced guarantee—account of activities

Person submitting the notification

Business 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:

Liquidity:

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.
- I certify that the reduction of the guarantee may be removed.

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

Free-form attachments:

Calculation of the amount of equity
Calculation of liquidity