

Registered business name	Business ID
Postal address	Telephone
Postal code and town or city	Contact person's email
Managing Director or equivalent	Website

**DISCONTINUATION OF OFFERING TRAVEL SERVICE COMBINATIONS**

**Operation has ended since (date):** \_\_\_\_\_

**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.

**Please report the net turnover of travel service combinations in the preceding financial year for invoicing the insolvency protection fee.**

Financial year: \_\_\_\_\_ (e.g. 1 Jan 2021 – 31 Dec 2021 or 1 Apr 2021 – 31 Mar 2022)

Net turnover of travel service combinations (tax exempt): \_\_\_\_\_ (e.g. EUR 20,000.00)

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. The statement is confirmed by accountant, if company is not obliged to audit according to the Audit Act (1141/2015).**

**Auditor's / accountant's statement**

I confirm that the verification measures carried out have provided assurance 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 / accountant's signature and printed name
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CA       CPA       Accountant