

## 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 security (from security decision):**

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

Current fiscal year:

Previous fiscal year:

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