



Registered business name	Business ID
Postal address	Telephone
Postal code and town or city	Contact person's e-mail
Managing director or other person in charge of the company	Website

For the assessment of reduced security

Equity of the company: _____

Liquidity (= (exchange assets + current receivables + money and bank receivables + financial securities) / current liabilities): _____

More about activities: Matters related to the company's operations are reported in free-form, for example if there is going to be a dividend distribution affecting the equity, or if the operation is to be expanded or to continue unchanged.

Date and place	Signature of managing director or other person in charge of the company, printed name
----------------	---

Auditor's / Accountant's statement (The statement is confirmed by accountant if company is not obliged to audit according to the Audit Act (1141/2015).)

- 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 / Accountant's signature and printed name
----------------	---

CA CPA Accountant

Free-form attachments:

- Calculation of the amount of equity
- Calculation of liquidity