**MODEL III-c) - ADVERTISING OF ORGANIZED TRAVEL PROGRAMMES IN CONTINENTAL AREAS (EXCLUDING THE CITY OF ZAGREB)**

**Submission form 1 - General information about the travel organizer in continental areas**

|  |  |
| --- | --- |
| Name of the travel organizer in continental areas |  |
| Registered office of the travel organizer in continental areas |  |
| E-mail address of the travel organizer in continental areas and telephone number |  |
| VAT number of the travel organizer in continental areas |  |
| Person authorized to represent the travel organizer in continental areas (name, surname, position) |  |
| E-mail address of the person authorized to represent the travel organizer in continental areas |  |
| Travel organizer share in the nominated media plan in the absolute amount (with and without VAT) |  |
| Bank name |  |
| Bank address |  |
| Bank account number / IBAN / SWIFT |  |

**Stamp and signature of the person authorized to represent**

**the travel organizer in continental areas**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission form 2 - Information about the organized travel in continental areas programme**

|  |  |  |
| --- | --- | --- |
| **INFORMATION ABOUT REALIZED TRAFFIC OF TO/TA IN CONTINENTAL AREAS IN 2014** | | |
| **2014 PROGRAMME** | **NUMBER OF OVERNIGHT STAYS** | **NUMBER OF GUESTS** |
| 1. for travels with 1 overnight stay |  |  |
| 1. for travels with 2 overnight stays |  |  |
| 1. for travels with 3 and more overnight stays |  |  |
| **TOTAL** |  |  |
| **INFORMATION ABOUT EXPECTED TRAFFIC OF TO/TA IN CONTINENTAL AREAS IN 2015** | | |
| **2015 PROGRAMME** |  |  |
| 1. for travels with 1 overnight stay |  |  |
| 1. for travels with 2 overnight stays |  |  |
| 1. for travels with 3 and more overnight stays |  |  |
| **INFORMATION ABOUT PLANNED TRAFFIC OF TO/TA IN CONTINENTAL AREAS IN 2016** | | |
| **2016 PROGRAMME** |  |  |
| 1. for travels with 1 overnight stay |  |  |
| 1. for travels with 2 overnight stays |  |  |
| 1. for travels with 3 and more overnight stays |  |  |
| **TOTAL** |  |  |
| **INFORMATION ABOUT PLANNED PROGRAMME OF TO/TA IN CONTINENTAL AREAS IN 2016** | | |
| Name of programme / itinerary \* |  | |
| Total number of planned passengers in Croatia in 2016 |  | |
| - number of passengers in bus transport |  | |
| - number of passengers in railway transport |  | |
| - number of booked beds in hotels |  | |
| - number of booked beds in other accommodation facilities |  | |
| Duration of one guest stay shift |  | |

**\* Note: if a TO/TA nominates more than one travel program, it may submit separately their list and itineraries**

**We confirm under material and criminal responsibility the accuracy of the above data. All data are subject to control of the State Inspectorate Office of the Republic of Croatia.**

**Stamp and signature of the person authorized to represent**

**the travel organizer in continental areas**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission form 3 – Media plan**

**Media buying**



**Own sales and promotional channels**

**Submission form 4 - General information about the promotional agency**

|  |  |
| --- | --- |
| Name of the promotional agency |  |
| Registered office of the promotional agency |  |
| E-mail address of the promotional agency and telephone number |  |
| VAT number of the promotional agency |  |
| Person authorized to represent the promotional agency (name, surname, position) |  |
| E-mail address of the person authorized to represent the promotional agency |  |
| Bank name |  |
| Bank address |  |
| Bank account number / IBAN / SWIFT |  |

**Submission form 5 - Statement of paid debts**

**STATEMENT OF PAID DEBTS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as person authorized to represent the travel organizer of programmes in continental areas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (travel organizer in continental areas) with registered office in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (travel organizer of programmes in continental areas) at the time of giving this statement has no due and unpaid debts on the basis of sojourn tax, tourist membership fee, and other debts toward the CNTB, as well as obligations from business toward Croatian legal and natural persons on the basis of executed court rulings.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ \_\_\_\_ 2015

(place) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(stamp and signature of the person authorized to represent

the travel organizer of programmes in continental areas)