**MODEL II-b) - ADVERTISING OF ORGANIZED TRAVEL PROGRAMMES OF MARKET LEADERS**

**Submission form 1 - General information about the market leader**

|  |  |
| --- | --- |
| Name of the leader  |  |
| Registered office of the leader  |  |
| E-mail address of the leader and telephone number |  |
| VAT number of the leader  |  |
| Person authorized to represent the leader (name, surname, position) |  |
| E-mail address of the person authorized to represent the leader |  |
| Leader’s 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 leader**

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

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

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

**Submission form 2 - Information about organized travel programmes of leaders for Croatia**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Indicator** | **Total Croatia** | **Istria** | **Kvarner** | **Zadar** | **Šibenik** | **Split** | **Dubrovnik** | **City of Zagreb** | **continental area** |
| **Realized number of passengers in 2014** |  |
| Total |  |  |  |  |  |  |  |  |  |
| By organized air transport |  |  |  |  |  |  |  |  |  |
| By organized bus transport |  |  |  |  |  |  |  |  |  |
| Total number of booked beds in all commercial accommodation facilities  |  |  |  |  |  |  |  |  |  |
| Realized total number of plane seats |  |  |  |  |  |  |  |  |  |
| Realized total number of bus seats |  |  |  |  |  |  |  |  |  |
| Realized number of rotations (total and per month) and the start and end date of air programmes for each departure airport (indicate the departure and arrival airports) |  |  |  |  |  |  |  |  |  |
| Realized number of rotations (total and per month) and the start and end date of bus programmes (indicate the departure and arrival cities) |  |  |  |  |  |  |  |  |  |
| **Expected number of passengers in 2015** |  |
| Total |  |  |  |  |  |  |  |  |  |
| By organized air transport |  |  |  |  |  |  |  |  |  |
| By organized bus transport |  |  |  |  |  |  |  |  |  |
| Total number of booked beds in all commercial accommodation facilities  |  |  |  |  |  |  |  |  |  |
| Expected total number of plane seats |  |  |  |  |  |  |  |  |  |
| Expected total number of bus seats |  |  |  |  |  |  |  |  |  |
| Expected number of rotations (total and per month) and the start and end date of air programmes for each departure airport (indicate the departure and arrival airports) |  |  |  |  |  |  |  |  |  |
| Expected number of rotations (total and per month) and the start and end date of bus programmes (indicate the departure and arrival cities) |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Planned number of passengers in 2016** |  |
| Total |  |  |  |  |  |  |  |  |  |
| By organized air transport |  |  |  |  |  |  |  |  |  |
| By organized bus transport |  |  |  |  |  |  |  |  |  |
| Total planned number of booked beds in all commercial accommodation facilities for 2016 |  |  |  |  |  |  |  |  |  |
| Planned total number of plane seats |  |  |  |  |  |  |  |  |  |
| Planned total number of bus seats |  |  |  |  |  |  |  |  |  |
| Planned number of rotations (total and per month) and the start and end date of air programmes for each departure airport (indicate the departure and arrival airports) |  |  |  |  |  |  |  |  |  |
| Planned number of rotations (total and per month) and the start and end date of bus programmes (indicate the departure and arrival cities) |  |  |  |  |  |  |  |  |  |

**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 leader**

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

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

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

**Submission form 3 - List of key partners (hotels and other companies) with number of booked beds in Croatia**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ordinal number** | **Exact name and address of the hotel or other company with whom the leader has booked beds in Croatia** | **Number of booked beds and lease period** | **Number of passengers**1. **pre and post season**
2. **main season (July-August)**
 |
| **2014** | **2015** | **Plan for 2016** | **2014** | **2015** | **Plan for 2016** |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |  |
| **11.** |  |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |  |
| **14.** |  |  |  |  |  |  |  |
| **15.** |  |  |  |  |  |  |  |

**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 leader**

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

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

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

**Submission form 4 – Media plan**

**Media buying**

**Own sales and promotional channels**

**Submission form 5 - 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 6 - Statement of paid debts**

**STATEMENT OF PAID DEBTS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as person authorized to represent the leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (company) with registered office in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (company) 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 leader)