

APPLICANT INFORMATION FOR SERVICES

Client name

**if requested by an institution / economic entity ↓*

Financial information (address, Trade Registry no, VAT no, Bank account, SWIFT/BIC code)

**if requested by a natural person ↓*

Personal ID number

Home address: city, street, number (billing data, for issuing the fiscal invoice, upon request)

Protocol services: based on contract no. / occasional activity

at VIP Lounge Official Lounge Authorized meet and assist services

PASSENGER INFORMATION

Passengers name and surname:

If passengers are infants, unaccompanied minors, or persons with reduced mobility, please specify here.*The protocol fee does not apply to children under 2 years of age.***Special travel information:**

Unaccompanied minors Persons with disabilities Travelling with pets Transport of weapons and ammunition

TRAVEL INFORMATION

	Flight date (to Bucharest)	Flight time (to Bucharest)	Airline and flight number	Departure to/ Arrival from
Departure				
Arrival				

** For services provided on departure flow, please contact us on the day of the delegation to establish all operational details.*

The delegation will be accompanied on behalf of our institution by

, person (s) holding airport badge type "S" / type "P" / type "PE" (as applicable).*

We request access for the vehicles:

exclusively for institutions that have this type of facility based on the protocol contract.*CONTACT**

Name, Surname, Phone no./e-mail

Signature of the authorized representative

PAYMENT OF PROTOCOL SERVICES - We have been informed and agree to pay the applicable protocol fees.
If the number of processed passengers differs from the number of passengers requested in this form, billing will be carried out according to the actual number of processed passengers.

I hereby declare that I undertake responsibility for the accuracy and correctness of the data and information provided in the form.