

## CLIENT DECLARATION & CHECKLIST

*To be signed by the CLIENT prior to package confirmation*

**Client Name:** \_\_\_\_\_ **Travel Destination:** \_\_\_\_\_  
**Departure Date:** \_\_\_\_ / \_\_\_\_ / 2025 **Tour Operator:** Healthy  
Holidays BG LTD

By signing this form, I confirm that:

### Pre-Contractual Information

- ☐ I have received clear written information about the destination, travel dates, accommodation, transportation, total cost (including taxes), and services included in the package.
- ☐ I understand the payment schedule and accepted methods.
- ☐ I have been informed of the minimum number of participants required and the cancellation terms if this number is not met.

### Cancellation & Refund Policy

- ☐ I have been made aware of my right to cancel and understand any applicable penalties.
- ☐ I know that if the operator cancels the trip, I am entitled to a full refund within 14 days.
- ☐ I have read and understood the operator's cancellation and change-of-date policies.

### Protection & Insurance

- ☐ I have been informed of the insolvency protection mechanism provided (e.g., ATOL or Trust Account).
- ☐ I understand I am responsible for securing my own travel insurance unless otherwise stated.

### Travel Requirements

- ☐ I understand that I am responsible for possessing a valid passport, visas, health certifications, and required vaccinations where applicable.

### Complaints & Contact

- ☐ I am aware of the complaint procedure and who to contact in case of problems during my trip.

### Privacy & Consent

- ☐ I have been provided access to the Privacy Policy explaining how my personal data is stored and processed.
- ☐ I consent to the processing of my data solely for the performance of the travel contract.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / 2025 **Tour Operator**

**Representative Signature:** \_\_\_\_\_