## **Consumer Protection Group Air Travel Organisers' Licensing**

## **Monthly ATOL Holder's Report**



This Form can be completed on-line before printing off and signing where required

ATOL Holder:	ATOL No:	
PART A – LICENSABLE PASSENGER NUM	MBERS AND RELATED REVENUE ON A	BOOKING DATE BASIS
APC Account Ref. Number:	Payment Period (Month/Year)	
Complete the number of <b>passengers book</b> apply to you insert a zero in the relevant box		
Sub category of Business	Passengers booked*	Revenue (gross invoice value)
Flight-Only		£
flight inclusive package		£
Flight-Plus		f
Total Public Sales category		£
* The figure for passengers booked should <b>deducted</b> . The number of passengers er Protection Contribution (APC) payable.		
PART B - LICENSABLE PASSENGER NUM	IBERS AND RELATED REVENUE ON A	DEPARTURE DATE BASIS
Complete the number of <b>passengers depa</b> apply to you insert a zero in the relevant box		
Sub category of Business	Passengers departed	Revenue (gross invoice value)
Flight-Only		£
flight inclusive package		£
Flight-Plus		£
Total Public Sales category		£
ATOL to ATOL (external only)**		
** Licensable transactions constituting sea	ts sold to another ATOL holder (whether a	as a seat only or as part of a package),

other than ATOL holders in the same Group, for resale under the buying ATOL holder's licence.

## PART C - LICENSABLE PASSENGERS DUE TO DEPART In the boxes below, the first month is the month following the month in Part A. Complete the cumulative number of passengers due to depart in the Public Sales category and the revenue for each month. **Passengers** Revenue (gross invoice value) flight flight Month/Year Flight-Only Flight-Only inclusive Flight-Plus inclusive Flight-Plus package package Beyond 12 months **Totals CERTIFICATION** a) I certify that the information supplied by me in this form is correct. b) I have reviewed the limits for passengers and revenue on the licence, by date of departure, for the Public Sales, and ATOL to ATOL categories of business, and: • expect to remain within all limits during all quarters need to vary the licence and request a variation form for the following categories (tick those required) Public Sales ATOL to ATOL Print Name: Forename Surname Signed: ..... Date: .....

Position:

Authorised Signatory