

## ANNEX 34

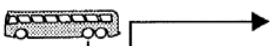
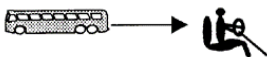
## MODEL OF JOURNEY FORM FOR OCCASIONAL SERVICES

JOURNEY FORM No..... of Book No.....

(colour Pantone 358 (light green), or as close as possible to this colour, format DIN A4 uncoated paper)

## OCCASIONAL SERVICES WITH CABOTAGE AND OCCASIONAL SERVICES WITH TRANSIT

(Each item, if necessary, can be supplemented on a separate sheet)

|   |                                                                                                                                                                                  |                                                                                                                                                                   |                                                                                                                       |                                                                                                                    |            |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------|
| 1 |  <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> |                                                                                                                                                                   | .....<br>Place, date and signature of the carrier                                                                     |                                                                                                                    |            |
| 2 |                                                                                                 |                                                                                                                                                                   | 1. ....<br>2. ....<br>3. ....                                                                                         |                                                                                                                    |            |
| 3 |                                                                                                 |                                                                                                                                                                   | 1. ....<br>2. ....<br>3. ....                                                                                         |                                                                                                                    |            |
| 4 | Organisation of person responsible for the occasional service                                                                                                                    |                                                                                                                                                                   | 1. .... 2. ....<br>3. .... 4. ....                                                                                    |                                                                                                                    |            |
| 5 | Type of service                                                                                                                                                                  |                                                                                                                                                                   | <input type="checkbox"/> Occasional service with cabotage<br><input type="checkbox"/> Occasional service with transit |                                                                                                                    |            |
| 6 | Place of departure of service: ..... Country: .....<br>Place of destination of service: ..... Country: .....                                                                     |                                                                                                                                                                   |                                                                                                                       |                                                                                                                    |            |
| 7 | Journey<br><br>Dates                                                                                                                                                             | Route/Daily stages and/or passenger pick-up or set-down points<br><br>from  To | Number of<br><br>passenger<br>s    | Empty<br><br>(mark with an X) | Planned km |
|   |                                                                                                                                                                                  |                                                                                                                                                                   |                                                                                                                       |                                                                                                                    |            |
|   |                                                                                                                                                                                  |                                                                                                                                                                   |                                                                                                                       |                                                                                                                    |            |
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|   |                                                                                                                                                                                  |                                                                                                                                                                   |                                                                                                                       |                                                                                                                    |            |
| 8 | Connection points, if any, with                                                                                                                                                  | Number of                                                                                                                                                         | Final destination of                                                                                                  | Carrier picking up                                                                                                 |            |

|   |                                   |                     |                         |                |
|---|-----------------------------------|---------------------|-------------------------|----------------|
|   | another carrier in the same group | passengers set down | the passengers set down | the passengers |
|   |                                   |                     |                         |                |
|   |                                   |                     |                         |                |
| 9 | Unforeseen changes                |                     |                         |                |
|   | .....                             |                     |                         |                |
|   | .....                             |                     |                         |                |

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