

Self-Attestation of the Professional Necessity of an overnight stay

Period from: _____ to: _____

Surname, first name

Date of birth

Street

Post code, City, Country

I am a dependent employee a commercial / independent agent
and I hereby confirm that my overnight stay(s) in Potsdam is (are) essential for
professional or business-related reasons.

Professional specifications

In the case of dependent employees, name and address of the employer:

— In the case of commercial/independent agents:

Professional Address

Note on data protection

The submission of this self-attestation to the enterprise providing the accommodation is voluntary and serves exclusively the purpose of establishing the liability for the tax. The collected data will be forwarded in individual cases upon request to the Capital of Potsdam, which reserves the right to review the statement made therein.

If this procedure should not be agreed with, the Occupancy Tax will be levied as a general rule, inasmuch as the professional or company reason for the overnight stay(s) essential is not asserted plausibly in any other way. One does have the possibility, however, of subsequently applying for the refunding of any retained Occupancy Tax to the responsible Capital of Potsdam, thereby presenting the appropriate proofs.

Upon issuing this confirmation, the signatory consents to the processing and usage of the data as mentioned above.

Place, Date

Signature