TOURISM SERVICES AGREEMENT (SAMPLE)

Contract No. BIO-HT-[XXX]-2026/[NNN] Istanbul, [date]

SERVICE PROVIDER: ALF-TRANS NAKLİYAT TURİZM VE DIŞ TİCARET LİMİTED ŞİRKETİ / SAODAT TURİZM / BIOHACTOUR. Kemalpaşa Mah. Atatürk Blv. No:7/7, Fatih/Istanbul. Tax ID: 0510169852. TÜRSAB No. A-14433.	**CLIENT:** [Full name], passport [number], date of birth [date], citizenship [citizenship].

1. SUBJECT OF THE AGREEMENT

1.1. The Service Provider is a licensed travel agency (TÜRSAB No. A-14433) and the officially authorized representative of Estethica Hospital Istanbul (certificate No. EST-2026-06-992). It provides the Client with travel and organizational services, accepts payment for the medical procedure, and settles with the clinic on the Client's behalf.

1.2. Medical services are provided by Estethica Hospital Istanbul (a Class A hospital under the Turkish Ministry of Health). Responsibility for the medical outcome rests with the hospital.

2. SCOPE OF SERVICES

Payment of the procedure: [Sapphire FUE / Multi Implanter DHI] at Estethica Hospital Istanbul. Transfer (airport↔clinic↔hotel): ☐ included ☐ not included. Hotel: ☐ included ☐ not included (_____, ___ nights). Appointment coordination and clinic support in-language. 12-month consultation support from the date of the procedure.

3. COST AND PAYMENT TERMS

Service	**Cost**
Sapphire FUE + agency organizational services	€ 1,490.00
Multi Implanter DHI + agency organizational services	€ 1,640.00
Transfer / Hotel (if included)	€ _____
TOTAL	**€ _____**

The price is fixed and does not depend on the number of grafts, within donor capacity. Payment — cash, in euros, on the day of the procedure, after examination by the surgeon. No deposit required.

4. RIGHTS AND OBLIGATIONS OF THE PARTIES

Service Provider: arranges the services under Section 2, pays the clinic, provides 12 months of support. Client: provides a valid passport and entry documents, follows the clinic's recommendations, pays as agreed.

5. LIABILITY OF THE PARTIES

The Service Provider is responsible for organizational services; the clinic Estethica Hospital Istanbul is responsible for the quality and outcome of the medical procedure. If the Client cancels less than 48 hours before the procedure, the Service Provider may retain costs actually incurred.

6–7. TERM AND OTHER TERMS

The Agreement is effective from the date of signing; consultation support lasts 12 months from the date of the procedure. Drawn up in English and Turkish, two copies of equal legal force. Disputes are resolved by negotiation, failing which — in the courts at the Service Provider's place of business.

SERVICE PROVIDER: Director Özkan Hazar Signature: _____ Seal	**CLIENT:** [Full name] Signature: _____

This is a sample, not a public offer. Exact terms are agreed individually at the time of booking.

APPENDIX 1 — INVOICE (SAMPLE)

ALF-TRANS NAKLİYAT TURİZM VE DIŞ TİCARET LİMİTED ŞİRKETİ / SAODAT TURİZM / BIOHACTOUR

Kemalpaşa Mah. Atatürk Blv. No:7/7, Fatih/Istanbul | Tax ID: 0510169852 | TÜRSAB: A-14433

INVOICE No. BIO-HT-[XXX]-2026/[NNN] Date: [date]

Service Provider: ALF-TRANS... Tax ID 0510169852, TÜRSAB A-14433	**Client:** [Full name], passport [number], DOB [date]

No.	**Description**	**Qty**	**Amount**
1	[Sapphire FUE / Multi Implanter DHI]	1	€ [1,490.00 / 1,640.00]
2	Transfer: ☐ included ☐ not included	1	€ _____
3	Hotel: ☐ included ☐ not included	1	€ _____
		TOTAL:	**€ _____**

Amount in words: [amount in words]

The cost includes payment for the procedure to Estethica Hospital Istanbul (certificate EST-2026-06-992) and the agency's organizational services: appointment coordination, language and organizational support, 12-month consultation support.

Payment: cash, in EUR, on the day of the procedure. No deposit required.

Issued by: Director Özkan Hazar. Signature: _____ Seal	**Received by:** [Full name]. Signature: _____

APPENDIX 2 — CASH RECEIPT (SAMPLE)

ALF-TRANS NAKLİYAT TURİZM VE DIŞ TİCARET LİMİTED ŞİRKETİ / SAODAT TURİZM / BIOHACTOUR — Tax ID 0510169852, TÜRSAB A-14433

CASH RECEIPT No. [NNN] Date: [date]

Basis:	Payment under Contract No. BIO-HT-[XXX]-2026/[NNN] dated [date]
Received from:	[Full name], passport [number]
Amount:	€ _____ ([amount in words])
Breakdown:	Procedure — € _____ | Transfer — € _____ | Hotel — € _____
Attachments:	Contract and Invoice No. BIO-HT-[XXX]-2026/[NNN]

Director: Özkan Hazar. Signature: _____ Seal	**Paid:** Signature: _____

These are samples for reference, not filled-in forms. The cash receipt is a customary payment-confirmation document, not an official form of any single country's accounting standard, since the Service Provider is a Turkish legal entity.