



ProCredit Bank

Part of the
ProCredit Group

Incoming ref. No.

APPLICATION STATEMENT

by:

(full name)

| | | |
|-----------------------------------|------------------------------|----------------|
| Permanent address: city (village) | Region: | Telephone: |
| Email: | | |
| Municipality: | residential district/quarter | |
| Street | No. | block of flats |
| | entr. | apt. |
| I ask to be given assistance for: | | |

(the reasons for the requested assistance are to be set out in a free manner)

I hereby declare

1. Parent/legal representative information

| Personal data | Declarer | Spouse |
|---------------------------------|---|---|
| Name | | |
| Father's name | | |
| Surname | | |
| PIN: | | |
| Marital status | | |
| Identity card No. issued on: | | |
| Address registration | | |
| Social group | <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Socially insured <input type="checkbox"/> Socially non-insured <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> other | <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Socially insured <input type="checkbox"/> Socially non-insured <input type="checkbox"/> Pensioner <input type="checkbox"/> Student <input type="checkbox"/> other |

Non-profit Association "PROtegni Raka", the city of Sofia 1303, 26 Todor Aleksandrov Blvd.

Tel. *7000

protegniraka@procreditbank.bg, www.protegniraka.bg



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2. In my family, there are / are not children under 18 years of age not married before the registrar

| Full name | PIN: | Attending school | | State/municipal school | | Fully supported by the state | | Remarks on the health condition |
|-----------|------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|---------------------------------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 1. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 3. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

3. I live together with the following persons:

| Full name | Address registration | Kinship to declarer | PIN: | Identity card No. issued on: |
|-----------|----------------------|---------------------|------|------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

4. Persons obliged by law to provide support (to the declarer)

| Full name | Permanent address | Kinship to declarer | PIN: | Identity card No. issued on: |
|-----------|-------------------|---------------------|------|------------------------------|
| 1. | | | | |
| 2. | | | | |

5. My income and the income of my family for the previous month amount to:

Total: BGN.....

Including:

| | |
|--|-----|
| 1. Incomes from salaries | BGN |
| 2. Activities in the field of agriculture, forestry and water management | BGN |
| 3. Sales and/or exchange of movable and immovable property | BGN |
| 4. Equity/bond income and other participations in companies and other forms of ownership | BGN |

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| 5. Rent, annuity and lease | BGN |
| 6. Copyrights and royalty payments | BGN |
| 7. Premiums and prizes from competitions | BGN |
| 8. Childcare and/or integration allowances paid by the National Social Security Institute | BGN |
| 9. Pensions | BGN |
| 9.1. For disability | BGN |
| 9.2. For old age | BGN |
| 9.3. Survivor's | BGN |
| 10. Allowances | BGN |
| 11. Other incomes | BGN |

6. Inhabited dwelling-place

| | | |
|--|---------------------------------------|--|
| Total sq. metres | It consists of rooms | There are persons living in the dwelling-place |
| The dwelling-place is owned by: | | |
| <input type="checkbox"/> own | <input type="checkbox"/> state | <input type="checkbox"/> municipal |
| <input type="checkbox"/> rented | <input type="checkbox"/> I do not own | <input type="checkbox"/> belonging to relatives |
| My family has no other dwelling-place <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

7. My family and I own other immovable and movable property, as follows:

| | | |
|----------------------|---|-----------------------------|
| Residential property | <input type="checkbox"/> Yes number | <input type="checkbox"/> No |
| Country house | <input type="checkbox"/> Yes number | <input type="checkbox"/> No |
| Agricultural land | <input type="checkbox"/> Yes number | <input type="checkbox"/> No |
| Car | <input type="checkbox"/> Yes <input type="checkbox"/> Brand / model..... <input type="checkbox"/> Year of manufacture | <input type="checkbox"/> No |
| Other estates | | |



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| <p>8. The members of my family and I have not (have) transferred against payment (sold) real estates and/or shares in them over the past 5 years:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>9. The members of my family and I have not (have) transferred by means of a donation contract the ownership of real estates and/or shares in them over the past 5 years:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>10. I am not a manager/associate/shareholder in a trading company.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>11. The personal data I have furnished in this declaration on me, on the child for whom we apply for assistance, and on third parties are true, accurate, and provided on a voluntary basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>12. I give my informed consent that the personal data I have provided, including health information about me and the child for whom we apply for assistance, may be collected, processed and stored by PROtegni Raka Non-profit Association for the purpose of providing assistance under the terms and conditions corresponding to the assistance guaranteed by Regulation (EU) 2016/679 on the protection of personal data and the effective Bulgarian legislation. I agree that the personal and health data I have provided shall be destroyed within 1 month following the child's 18th birthday. In case gratuitous assistance is refused, the said data shall be destroyed by the day following the day on which the decision refusing the targeted funding is received.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>13. I give my informed consent that the personal data I have provided, including health information about me and the child for whom we apply for assistance, may be submitted for processing and/or storage by third parties on the grounds of a legitimate interest of PROtegni Raka Non-Profit Association by virtue of a contract concluded between the Association and the third party, as well as in the cases of the informed consent I have given with the sole aim to fulfill the purpose of granting the aid, and that their provision, usage and storage will be carried out according to/within the time-limits provided for in Regulation (EU) 2016/679 on the protection of personal data and in the Bulgarian legislation.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>14. I am informed that upon receipt of a request for information made by the Ministry of Interior, the investigation authorities, etc. in the cases provided for by law, the Association is obliged to provide them with the requested information and documents, and this does not constitute a violation of the clauses for non-disclosure of information.</p> |
| <p>15. I give my informed consent that the Association is entitled to publish information (names, address, age, sex, health condition) regarding the child and the donation that has been made on paper and/or in electronic form, including a website and social networking profiles, as well as to include the same information in its charity initiatives and promotional materials.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>16. I hereby declare that I am aware of the Privacy Policy of PROtegni Raka Non-Profit Association, the content of which has been fully explained to me, as well as of the possibilities, the terms and conditions for exercising my rights to personal data protection.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

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17. For the purpose of reviewing my application, I submit voluntarily copies of the following documents I have indicated/ highlighted below:

- Birth certificate of the child in need;
- A copy of my identity card and of the identity card of the other child's parent/ guardian / custodian;
- A current decision by LEMC;
- Interim discharge summaries and other documents describing the disease;
- An offer for equipment / therapy / examination / operation at a health institution / trader / laboratory;
- Documents proving the household incomes for the last 3 months;
- Other documents:

18. I am aware that declaring false circumstances entails criminal liability for me under Article 313 of the Criminal Code, and that the assistance received on the grounds of incorrect data specified in this application statement is subject to a full refund together with a delay interest under the OCA.

Yes

No

Date:

Declarer:

Parent/guardian/custodian of the child:

The Application Statement was accepted and checked up by:

Name, family name and employee's signature