



ProCredit Bank

Part of the
ProCredit Group

Entry №:

REQUEST – DECLARATION

From:

(name, father's name, surname)

Residence: City:	Region:	Phone number:
Municipality:	Residence area:	
Str.	№	bl. entr. flat.
Please let me grant aid for:		

(specify in free text reasons for the requested grant)

I declare

1. Social status

Personal data	Declarer	Spouse
Name		
Father's name		
Surname		
Personal N:		
Marital status		
Identity card / Passport.№, issued on:		
Residence		
Social group	<input type="checkbox"/> Employee <input type="checkbox"/> Jobless <input type="checkbox"/> Assured <input type="checkbox"/> Unassured <input type="checkbox"/> Retiree <input type="checkbox"/> Student <input type="checkbox"/> Other	<input type="checkbox"/> Employee <input type="checkbox"/> Jobless <input type="checkbox"/> Assured <input type="checkbox"/> Unassured <input type="checkbox"/> Retiree <input type="checkbox"/> Student <input type="checkbox"/> Other



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2. In my family there are/aren't children under 18-years-old age, who are not married

Name, Father's name, Surname	Personal N:	Visiting school		State school		On full government subsidy		Health condition
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 am living together with following persons:

Name, Father's name, Surname	Residence	Family relation with the Declarer	Personal N:	Identity card / Passport.№, issued on:
1.				
2.				
3.				
4.				

4. Persons, obliged by Law to pay subsidy (to declarer)

Name, Father's name, Surname	Residence	Family relation with the Declarer	Personal N:	Identity card / Passport.№, issued on:
1.				
2.				

5. The monthly incomes in my family for the previous month has the following origin:

Total amount: BGN.....

Details:

1. Salary	BGN.
2. Incomes from agriculture, forestry or aquaculture activities	BGN.
3. Sales and/or replacement of movable and immovable property	BGN.
4. Incomes from stock shares / bonds, as well other parts in trade companies or other equities	BGN.

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5. Incomes from rent	BGN.
6. Incomes from Royalties	BGN.
7. Grants from competitions	BGN.
8. Government allowances for children or integration purposes	BGN.
9. Pension	BGN.
9.1. Invalid	BGN.
9.2. Age	BGN.
9.3. Social pension	BGN.
10. Subsidies	BGN.
11. Other incomes	BGN.

6. Living information

Size Sq. meters	Number of rooms	There are living persons
The home is ownership of:		
<input type="checkbox"/> Own	<input type="checkbox"/> State	<input type="checkbox"/> Municipal
<input type="checkbox"/> Rent	<input type="checkbox"/> I do not own	
The home is solely for my family <input type="checkbox"/> Yes <input type="checkbox"/> No		

7. I and members of my family own the following movable and immovable properties:

Living property	<input type="checkbox"/> Yes properties	<input type="checkbox"/> No
Villa property	<input type="checkbox"/> Yes properties	<input type="checkbox"/> No
Agriculture land	<input type="checkbox"/> Yes properties	<input type="checkbox"/> No
Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> Brand..... <input type="checkbox"/> Model.....	<input type="checkbox"/> No
Other properties		



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8. I and members of my family have done (not) sale or buy a property in the last 5 years ago. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. I and members of my family do not transfer the property ownership by Donation contract in the last 5 years ago. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. I am not registered as a sole trader or as Company's capital owner <input type="checkbox"/> Yes <input type="checkbox"/> No
11. I and members of my family do not have traveled over the past 5 years abroad at own expenses, except for treatment <input type="checkbox"/> Yes <input type="checkbox"/> No
12. I am aware that the entry of incorrect data in this application declaration received improper assistance refundable with interest under the CPA and Contracts <input type="checkbox"/> Yes <input type="checkbox"/> No
13. I declare, based of Article 5, Paragraph 2, Item 2 of the Law on Protection of Personal Data I agree Non-profit organization PROtegni Raka /Lend a Hand/ with headquarter in the City of Sofia, to process my personal data and personal data of individuals to whom I am a parent, guardian, custodian, as acting administrator of personal data. I know that my personal data contained health information may be provided to third parties only in case of situations referred to the Health Act and other regulations concerning this matter. <input type="checkbox"/> Yes <input type="checkbox"/> No

Date:

Declarer:

Spouse:

The documents are accepted and checked of:

Date:

Signature: