

ProCredit Bank

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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



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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

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

Tel. *7000

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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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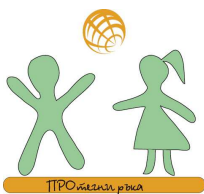
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<p>8. The members of my family and I have not (have) transferred against payment (sold) real estates and/or shares in them over the past 5 years:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. The members of my family and 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