

In connection with the declared pandemic of COVID-19 by the World Health Organization

I, Mr./Mrs.

(full name of the person)

DECLARE

1. I am aware of the current situation in Bulgaria related to the spread of Coronavirus (COVID-19).

2. I am travelling at my own risk on the following dates:

2.1. date :country:

I am travelling with:

.....

(the flight number, the airline, the registration number of the vehicle (bus, car), the train number (according to the ticket information) shall be indicated)

I will be in the city of:.....

Hotel or other accommodation:

Exact address of residence / or name and address of accommodation

Stay in days:

2.2. I will leave on a date:, country

and I will travel with

.....

(the flight number, the airline, the registration number of the vehicle (bus, car), the train number (according to the ticket information) shall be indicated)

3. In the event that upon arrival in Bulgaria at the place of accommodation it is established that I have flu-like symptoms and I have to be placed under mandatory quarantine, the costs will be covered by my personal health insurance or by insurance fund and in the absence of the both specified – at my expense.

.....
.....

(data from health insurance or insurance fund shall be indicated)

4. In the event that a Coronavirus infection is found at the accommodation place where I am staying, I will comply with the measures and requirements of the health authorities to limit the spread of the infection.

5. I am liable for incorrect data under the legislation of the Republic of Bulgaria.

My contact data: ID / Passport No.:

Mobile phone:E-mail:

DATE:

SIGNATURE: