

With regard to the pandemic of COVID-19 announced by the World Health Organization

I, Mr./Mrs.
(full name)

DECLARE HEREBY

1. That I am familiar with 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:

.....
(number of flight, flight company, registration number of the vehicle (bus, car), number of train (based on information in the ticket))

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

Hotel/or other place for accommodation:,
Full address of stay/ or name and address of the place of accommodation

days of stay:

2.2. I will depart on:, country:

and I will be travelling with
.....

(number of flight, flight company, registration number of the vehicle (bus, car), number of train (based on information in the ticket))

3. In case that after arriving in Bulgaria at the place of accommodation, it is found that I have flu-like symptoms and I need to be placed in mandatory quarantine, the expenses for the additional days of stay and treatment shall be on my account or will be covered by an insurer in case of concluded insurance or other type of health-insurance institution for treatment in case of established symptoms of COVID-19.

4. In case the place I am staying at is placed under quarantine, I will follow all the requirements during the time of the quarantine period and if necessary, the medicine and treatment will be on my account or will be covered by an insurer in case of concluded insurance or other type of health-insurance institution for treatment in case of established symptoms of COVID-19.

5. I am liable for giving false data pursuant to the legislation of the Republic of Bulgaria.

Personal contact data: ID card/passport:

Telephone:E-mail:

DATE:

SIGNATURE: