

D E C L A R A T I O N under Art. 66, para. 2 of the LMML		
Part I	Details of the declarator*	
I, the undersigned		
1. First name	2. Middle name	3. Last name
4. National ID № (EGN)/Other ID № /date of birth	5. Citizenship/s (please list all citizenships held)	
6. Permanent address - state, town, district, municipality, residential area, str., №, Ent., Floor, Apt.		
7. Identity document:		
type of document (please specify the type): _____ № _____		
issued on country of issuance		issued by valid until
other information (if applicable): _____		
in my capacity as:		
8. Position:		
Part II	Details of the legal entity or arrangement represented	
9. Full name		
10. UIC/BULSTAT/other identification number	11. Registered in the Commercial/ other register at:	
12. Headquarters and Management address-state, town, district, municipality, residential area, str., №, Ent., Floor, Apt.		
HEREBY DECLARE:		
Part III	13. Please check the boxes that apply to you:	
<input type="checkbox"/> The funds used in the business relationship between me/the legal entity represented by me and Fibank		
<input type="checkbox"/> The funds that are subject to the following operation or transaction (please describe):		
in the amount of (specify the total amount and currency):		Date of the operation (transaction):
		from date to date
Type of the operation/transaction (indicate whichever is correct):		
a) money transfer - domestic b) money transfer - international c) deposit		d) cash deposit e) cash withdrawal f) currency exchange g) other (please specify) _____
Part IV	have the following origin (please indicate the exact origin of funds):	
<input type="checkbox"/> Agreement/s (including donation agreement/s) <input type="checkbox"/> Invoices <input type="checkbox"/> Other documents (please specify the type): _____		
№ and date of conclusion/signing:		
Details of the parties to the agreement or the persons having signed or issued the invoice/other document:		
<input type="checkbox"/> Inheritance		
Year of acquisition:		
Details of the legator/s:		
<input type="checkbox"/> Savings		
Period of accumulation:		
Source of savings:		
<input type="checkbox"/> Income from business activity/employment/other (please specify): _____		
Period of accumulation:		
Details of the employer/counterparties/other information (where applicable):		
I am aware of the criminal responsibility under Art. 313 of the Penal Code for declaring false data		
14. Date of the declaration	15. Place	16. Signature of the declarator
Notes: * Where a <b>natural person</b> is concerned, indicate the names, National ID № (EGN)/Other ID No, and for persons not falling within the scope of Art. 3, para. 2 of the Civil Registration Act - the date of birth; * Where a <b>legal entity/arrangement</b> is concerned, indicate the name and UIC/BULSTAT and, if it is registered in another country - the name and registration number or other identification number under which it is entered in the respective registry of the other country.		