Appendix No 1 to order RD-01-347/19.06.2020

**DECLARATION**

**The undersigned**

…………………………………………………………………………………………………………

(names of the person)

**Coming from**………………………………………………………………………………………

(starting point of departure, regardless the stay or transit through another country)

**DECLARE:**

1. I have no symptoms of COVID-19 (increase body temperature,cough, breading disorders, loss of sence of smell, loss of taste, etc.)

2. I have not been in contact for the last 14 days with sick from COVID-19

3. I am well acquainted with the epidemic situation in the Republic of Bulgaria, as well as with the risks of infection with COVID-19

4. I will follow the antiepidemic measures introduced with order(s) of the Minister of Health on the territory of the Republic of Bulgaria

5. I travel on my own risk

6. Purpose of the travel ……………………………………………………………………………

7. I am obliged immediately to leave the territory of the Republic of Bulgaria

*(only for persons in transit on Bulgarian territory)*

8. I am informed that for incorrect data I am legally responsible according the Bulgarian legislation

Contact data:

**No of identity card/passport…………………………………………..**

**Mobile tel. No:……………………………………………………………….**

**E-mail:…………………………………………………………………………..**

**DATE: SIGNATURE:**