Person who submitted the documents for issuance of certificate:	
/name	s, surname/
_	on – representative by right, authorized person, t, by courier/
/date/	/signature/
	TO THE PRESIDENT OF BULGARIAN CHAMBER OF COMMERCE AND INDUSTRY
	APPLICATION FORM
From	, representative of /full name of the person/
/enter	the name of the Trade Representation Office of foreign entity registered in BCCI in Bulgarian language/
/enter	the name of the Trade Representation Office of foreign entity registered in BCCI in Latin letters/
BULS	STAT
	DEAR MR. PRESIDENT,
BCCI	I would like to obtain a certificate with data from the Unified Trade Register of about the status of the above-mentioned Trade Representation Office in language.
	I would like /I would not like/ the certificate to contain the following data: /the required is to be underlined/
	 about the legal representative(s): name, Personal ID/Personal Number of Foreigner; ID Card, passport data When selected - I provide the data for inclusion in the certificate as follows:

of Foreigner; ID Card, passport data When selected - I provide the data for inclusion in the certificate as follows:
when selected in provide the data for inclusion in the certained as follows:
The duration of the expressed wish for inclusion of the above-cited data in the certificate is until its explicit withdrawal in writing.
The certificate will serve before:
The names and data of the legal and/or authorized representatives, in compliance with their passports are written in Latin letters as follows: /enter only if you want the certificate to be issued in a foreign language/
I hereby DECLARE that up to the present moment all the data about my Trade Representation Office entered in the Unified Trade Register of BCCI are true and up-to-date. I am aware of the responsibility I bear for falsely declared data.
ENCLOSURE : copy of a notarized power of attorney in case the Application Form is submitted by a person who is not entered as a representative of the Trade Representation Office in the Register of BCCI.
Date: SIGNATURE,

- about the authorized representative(s): name, Personal ID/Personal Number