

DECLARATION

The undersigned,
.....
in my capacity of parent/ guardian/ trustee of
.....

in relation to filed insurance claim from a group medical insurance "Allianz Health",

HEREBY DECLARE that I agree the payment of the insurance indemnification / insured
sum set by Allianz Bulgaria Insurance Company to be done to the bank account stated
by
.....

Date: Declarant:

*This document is an English translation of „Декларация родител“. The Bulgarian version of this document is the original and authentic version. In the event of any discrepancy between this translated version and the Bulgarian version, the Bulgarian version shall be legally binding and authentic version.