

*\*This document represents a translation from the original Bulgarian version and is for information purposes only. In case of divergence the Bulgarian original shall prevail.*

SOCIAL INSURER:.....  
 BULSTAT: .....  
 Settlement City .....  
 Address: .....

Exhibit №3  
 to CONTRACT № .....  
 for month ..... 20...  
 For the period ..... - ..... 20.....  
**Tick by „X” as appropriate**

**REFERENCE INFORMATION**

About the contributions paid by THE SOCIAL INSURER  
 **monthly**  
 **periodic**  
 contributions.  
**(Tick by X the type of the contribution)**

No.	Full name of the insured person	Personal No	Amount of contribution in BGN

Prepared by: .....  
 (first name and family name )

FOR THE SOCIAL INSURER: .....  
 (signature and seal)

Telephone number .....

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BULSTAT: .....

Settlement City .....

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Exhibit №3

to CONTRACT № .....

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**Tick by „X” as appropriate**