

To the State Agency
for Refugees
of
Republic of Bulgaria

APPLICATION
FORM

from

Name:

Country:

Date of birth:

Other personal information:

.....
(State number, passport, ID card are indicated)

.....
(address, phone, e-mail)

Accompanying children under 18 years:

1). Name: ,
Date of birth:.....

2). Name: ,
Date of birth:.....

(All accompanying children under the age of 18 years shall be indicated)

REQUEST: Please grant me international protection in the Republic of Bulgaria,
because I am fleeing the war in Ukraine, started on 24.02.2022.

Date:.....

Signature:.....