



Bulgaria Background Check

Check Information

This application form captures the information that First Advantage Ltd needs in order to process an Overseas Background Check in **Bulgaria**.

Check Type

National Criminal Record Check.

Official Source of Information

Ministry of Justice.

Turnaround Time

29 working days.

Disclaimer

The information provided in this pack is correct at the time of production.



Guidance Notes for the Applicant

Please read the instructions below before you start, as they will help you to complete the form correctly.

Required Information

Make sure that you fill in all the fields on the form. You (the applicant) should complete the form yourself.

You must supply ALL of the following:

- Your full name
- Your date of birth
- Any other names you are or have previously been known by
- Your Bulgarian EGN or LNCh identity number (required)
- Your most recent address in Bulgaria
- Your current address
- A scanned image of your supporting ID document
 - Acceptable documents for Bulgaria citizens –
 - Bulgaria Passport, *or*
 - Bulgaria National ID Card (both sides)
 - Acceptable documents for non-Bulgaria citizens –
 - Valid Bulgaria Residence Permit (both sides)
 - If you do not have a valid Bulgaria Residence Permit, you can use a passport (any country) instead, but you must note your LNCh number in the relevant section of the 'Power of Attorney' form
- A completed and signed Bulgaria-specific 'Power of Attorney' form (included at the end of this pack)
- A signed consent form
 - You must sign, date, and tick the consent box in the 'Release of Information' part of the final section of this application form

When you have completed all the required paperwork, send it to the organisation that requested the check in line with their instructions.

Overseas Criminal Record Check Application Form

You can complete this form electronically *or* print it out and fill it in with black or blue ink. In either case, you must provide a *hand-written signature* in the final section of the form. Please use **BLOCK CAPITAL LETTERS** if you are filling out the form by hand.

Section 1: Personal Details

Supply your full legal name as shown on your passport, and any other names you are or have previously been known by. Write your date of birth in the format 'Day-Month-Year'.

Forename:

Middle Name(s):

Surname:

Date of Birth:

Other/Previous Name(s):

EGN or LNCh Identity Number:



Section 2: Address Details

Supply your most recent address in Bulgaria and your current address (if different). You must write the address in full, including the door number and the post/zip code (where applicable).

Most Recent Address in Bulgaria

Building Name: _____

House/Flat Number: _____

Street: _____

City/Town: _____

Post/Zip Code: _____

Region/State: _____

Country: _____

Current Address (if different)

Building Name: _____

House/Flat Number: _____

Street: _____

City/Town: _____

Post/Zip Code: _____

Region/State: _____

Country: _____



Section 3: Scanned Image of Your Supporting ID Document

You must include a scanned image of a valid ID document with this application. See the 'Guidance Notes for the Applicant' for information about what ID documents are acceptable.

Section 4: Applicant/Employee Notification and Release of Information

Applications for this background check are processed by the organisation that has requested this check (usually your employer) and First Advantage|KnowYourPeople ('First Advantage Incorporated'). The information provided by you to the organisation that has requested this check will be passed to First Advantage who administer the check on behalf of the organisation.

In order for overseas background checks to be completed, your information will also be passed to First Advantage to conduct searches on your background information. This may include civil and criminal records, local language media information and this will be completed by contacting the relevant government agencies and courts and other contributors (the "Contributors") within the country noted on this application form.

These bodies use the information provided to identify possible matches to records held by them. Where such a match is established, personal data may be released to First Advantage for inclusion on any report issued and where information is noted, personal data and information relating to any criminal record relating to you will be released to First Advantage for inclusion on any report issued.

Where your personal data is transferred outside the EEA, it is protected in a manner that is consistent with how your personal data will be protected in the EEA. This can be done in a number of ways:

- The country might be approved by the European Commission or a relevant data protection authority;
- The recipient might have signed up to a contract based on "model contractual clauses" approved by the European Commission, obliging them to protect your personal data;
- In other circumstances, the law may permit the transfer your personal data outside the EEA, for example, where there is a legal obligation of the organisation requesting the check or a contractual obligation to complete the check.

The information provided in this application form may be used to verify your identity for authentication purposes.

Release of Information

Please **TICK** the box

I give my consent for the relevant government agencies and courts and other contributors (the "Contributors") to provide First Advantage with personal information that they may hold about me in relation to this check.

I confirm that I have read the above statement of 'Applicant/Employee Notification and Release of Information' and I am aware how my information will be used to complete the check.

Print Name:

Applicant Signature:

Date:

POWER OF ATTORNEY/ПЪЛНОМОЩНО

I, the undersigned/ Аз, долуподписаният/ата.....
(Име, Презиме, Фамилия / Given Name(s), Family Name)

Holding the following Bulgarian identification number/ Притежаващ следния Български идентификационен номер:.....

Type of Bulgarian ID number/Вид на идентификационния номер [select ONLY one]:

- Bulgarian personal number EGN/ ЕГН (Единен граждански номер)
Bulgarian foreigner’s number LNCh/ ЛНЧ (Личен номер на чужденец)

Holding the following ID document/ притежаващ следния документ за самоличност [select ONLY one]:

- Bulgarian identity card/ Българска лична карта
Bulgarian residence permit/ Българско разрешение за пребиваване
Passport/ Паспорт

(Please use Bulgarian ID card or Bulgarian residence permit, if available/ Моля, използвайте българска лична карта или разрешение за пребиваване, ако има)

No. of the ID document/№ на личен документ:

Issuing authority/ Издаващ орган:

Date of issuance/ Дата на издаване:
(ДД-ММ-ГГГГ/ДД-ММ-YYYY)

Country of issuance/ Държава на издаване:

Citizenship(s)/ Гражданство(а):

Date of birth/ Дата на раждане: _____ - _____ - _____
(DD-MM-YYYY/ДД-ММ-ГГГГ)

Place of birth/ Месторождение:

Country of birth/ Държава на месторождение:

Residence address in Bulgaria/ Постоянен адрес в България:

Father’s full name/ Всички имена на бащата:.....

Mother’s full name/ Всички имена на майката:

HEREBY AUTHORIZE:

STOYCHEV & STOYCHEVA LAW FIRM, entered into the Law Firms Register of Sofia City Court under case file No. 39/2018 under No. 521, volume 9, page 98, and entered into the Law Firms Register of Sofia Bar Association under No. 2500053610, United Identification Code 177290019, having its seat and business address at 1142 Sofia, 14 Lyuben Karavelov Str., fl. 1, apt. 1; and its Managing Partner Yavor Vladimirov Stoychev, attorney at law, member of Sofia Bar Association, registered under No. 1100658610 with the Unified Attorney Register maintained by the Supreme Bar Council, personal number 8903206482, holder of ID card No. 648654404, issued on 05.11.2019 by the Ministry of Interior-Sofia and valid until 05.11.2029, jointly and separately for the following:

- To represent me before the Bulgarian Ministry of Justice, including before the Registry Directorate, Section “Central Bureau for Criminal Records and Apostille” of the Ministry of Justice, before the Criminal Records Bureaus with the regional courts, before any public officials, as well as before other state authorities in order to obtain my criminal record certificate;
To perform any necessary actions on my behalf and at my expense, including to prepare, submit, sign and receive any kind of documents in relation to the issuance and receipt of the criminal record certificate.

This Power of Attorney is valid until its explicit withdrawal or until the receipt of the certificate. The attorney at law and the Law Firm, listed herein, have the right to grant all or part of the rights under this Power of Attorney to employees of the Law Firm to perform the necessary actions in order to obtain the criminal record certificate from the relevant authorities.

С НАСТОЯЩОТО УПЪЛНОМОЩАВАМ:

АДВОКАТСКО ДРУЖЕСТВО „СТОЙЧЕВ И СТОЙЧЕВА“, вписано в Регистъра на Адвокатските дружества към СГС по ф.д. № 39/2018 г. под № 521, том 9, стр. 98, и вписано в Регистъра на адвокатските дружества при САК под № 2500053610, БУЛСТАТ 177290019, със седалище и адрес на управление в 1142 София, ул. „Любен Каравелов“ № 14, ет. 1, ап. 1, както и неговия Управляващ съдружник Явор Владимиров Стойчев, адвокат, член на САК под номер 1100658610 към Единния регистър на адвокатите при ВАС, ЕГН 8903206482, притежаващ лична карта № 648654404, издадена на 05.11.2019 г. от МВР-София и валидна до 05.11.2029 г., заедно и поотделно за следното:

- Да ме представляват пред Министерство на правосъдието, включително пред Дирекция „Регистри“, Отдел „Централно Бюро съдимост и апостил“ към Министерство на правосъдието, пред „Бюрата за съдимост“ към районните съдилища, както и пред всички други държавни служители и Държавни органи, за целите на заявяване и успешно завършване на процедура по издаване на свидетелство за съдимост
Да извършват всички необходими действия от името и за сметка на упълномощителя, включително подготвят, подават, подписват и получават всякакви документи във връзка с издаването и получаването на свидетелство за съдимост, както и всички подчинени на тази цел действия.

Това пълномощно е валидно до изричното му оттегляне или до получаване на свидетелството. Адвокатът и Дружеството, посочени тук, имат право да преупълномощават трети лица от дружеството, с всички или част от правата по настоящото пълномощно, за целите за издаване на свидетелство за съдимост от съответните власти.

Date/ Дата: ____ / ____ / _____

Signature / Подпис

(The signature must be identical with the one on the provided identity document / Подписът трябва да съответства на този на предоставения документ за самоличност)