 

***Annex IIа***

**DECLARATION[[1]](#footnote-1)**

**on avoiding conflict of interest for the associated partner**

The undersigned: .............................................................................................................,

(full name)

Personal ID Number................................., permanent address...................................................

..............................................................., nationality .............................................................,

ID card No............................., issued on................................ by MoI ....................................., in my capacity of .........................................................................................................................,

in/of…………………………………………………….. UIC/BULSTAT..............................,

**Hereby declare that:**

1. I, the represented by me associate partner as well as a member of the management or supervisory body and an individual temporarily performing such duties, including procurator or trade representative for the associated partner represented by me, are not a related party within the meaning of § 1, p. 1 of the additional provision of the Law on Prevention and Disclosure of Conflicts of Interest with the Head of the Managing Authority or with senior employees in the Managing Authority;
2. The associated partner I represent is not on employment or other contract for performing management or supervisory functions with a person on labour or service contract in the MA up to one year from termination of their service, such a person is not a partner, does not own shares, is not a manager or member of a management or supervisory body with the applicant I represent;
3. The associated partner I represent is not a related enterprise with companies for which the circumstances under p. 2 are valid;
4. The associated partner I represent is not a person and is not represented by a person who is on employment or service contract with the MA up to one year from termination of their service;
5. I undertake to provide, upon request by the Managing Authority or persons authorized by the MA, the necessary official documents issued by the relevant authorities certifying the circumstances declared by me.

**I am aware of the criminal liability I bear under Art. 313 of the Criminal Code for declaring false circumstances.**

Date of declaration: Declarant:

.......................................... (name, signature and stamp)

1. This declaration must be completed and signed with the QES of all persons who are authorized to represent the associated partner and are entered in the Commercial Register, or are designated as such in the Articles of Association when these circumstances are not subject to registration. [↑](#footnote-ref-1)