**DECLARATION**

**of Credit Indebtedness**

by……………………………………………..

The undersigned ……………………………………., Personal ID No………. and …………………………………………., Personal ID No………. ,

in my/our capacity of representative/s for …………………………, having its head office and registered address in ………………………………., registered in the Commercial Register at the Registry Agency under UIC……………………, in connection with a request for factoring from Solidus Factors OOD, hereby

**DECLARE**

1. Credit indebtedness of the company, including cash loan of any kind, including acceptance credit, financial lease, **factoring**, providing credit facility regardless of its form, acquired receivable through cession, entering into debt or undertaking debt, other receivables and undertaken commitments regardless of the instrument used.

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| --- | --- | --- | --- | --- | --- | --- |
| Credit institution | Credit service | Allowed amount | Current exposition | Currency | Maturity date | Security |
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***Declarant:***

In the presence of active factoring transaction/s, declared above, please, provide the following additional information:

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| --- | --- | --- | --- | --- | --- |
| Credit institution / Factoring company | Type of factoring service\* | Payer | Approved limit for the payer (amount / currency) | Current absorption at…  (amount / currency) | Maturity date |
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\**Type of factoring service, for instance internal factoring with/without regress, export factoring with/without regress*

1. The credit indebtedness of the **company** connected persons to all local and foreign banks and their subsidiary financial institutions within the meaning of Ordinance No. 22, including cash loan of any kind, including acceptance credit, financial lease, factoring, providing credit facility regardless of its form, acquired receivable through cession, entering into debt or undertaking debt, other receivables and undertaken commitments regardless of the instrument used.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Liable person | Credit institution | Credit service | Allowed amount | Current exposition | Currency | Maturity date | Security |
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Where there is no information to be disclosed, enter on the respective line “No” or “None”

***Declarant:***

1. Indebtedness of the **company** to other legal persons:

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| --- | --- | --- |
| Name | Amount of debt | Reason for giving rise to the debt |
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1. Off-balance/Contingent indebtedness of the **company**, including issued warranties, credit letters, promissory notes, guarantee (aval), registration of security (pledge, mortgage, etc.) and/or signing as a co-debtor in favour of the following persons:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** (*for legal persons*)  **Name** (*for natural persons*) | **Type and length of the commitment** | **Amount of secured debt** | **On the ground of… (commercial contract, loan contract, etc.)** |
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1. Open bank accounts of the **company**:

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| --- | --- | --- | --- |
| **Credit institution** | **Currency** | **IBAN** | **Credit turnover for the period from…to…** |
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Where there is no information to be disclosed, enter on the respective line “No” or “None”

***Declarant:***

1. Open bank accounts of the partners:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Credit institution** | **Titular** | **Currency** | **IBAN** | **Credit turnover** |
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1. Public liabilities, imposed injunctions and distraints, orders for conducting inspection:

…………………………………………………………………………………………………..

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…………………………………………………………………………………………………..

I/We declare that the data disclosed in this declaration are accurate and comprehensive. I/We undertake to inform you about any change in the data disclosed herein and about any eventually arising new indebtedness. I/We undertake to update in writing the information required in this declaration at least every six months.

I declare that pursuant to Regulation (EU) 2016/679 of the European Parliament and of the Council from 27 April 2016 and the applicable effective Bulgarian legislation, I give my explicit consent that Solidus Factors OOD can obtain, store and process all my personal data I have provided to him in his capacity of data controller.

I am/We are aware that for declaring any untrue or concealed circumstance I am/we are liable in accordance with the Criminal Code of the Republic of Bulgaria.

Date:……………….

Declarant/s: 1………………………..

/…………………………/

2………………………..

/…………………………/

Where there is no information to be disclosed, enter on the respective line “No” or “None”

***Declarant:***

(signature and seal)