TO THE EXECUTIVE DIRECTOR OF

GEODESY, CARTOGRAPHY AND CADASTRE AGENCY

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

from

.................................................................................................., with Personal Identification Number (PIN) / BULSTAT Unified Identification Code (UIC)

*(fill in the data of the applicant (natural or legal person) wishing the reimbursement of paid, undue state fees)*

by

..................................................................................................., with PIN.................................,

*(fill in the data of the legal representative of the company or the authorized person)*

Contact phone: ........................................ Mob. phone: .............................................................,

Mailing address: .........................................................................................................................,

E-mail: ................................................................. KNIK: ...........................................................

Dear Mr. / Mrs. Executive Director,

Please to be reimbursed to me the paid amount of ................................................................

(.................................................................................................................) BGN, for which I submit a copy of a payment document. The amount was paid to the Geodesy, Cartography and Cadastre Agency (GCCA) as:

(mark with an X)

* state fee under application reference № ................................ / ................ ..................;
* double transferred amount;
* incorrectly transferred amount;
* replenishment of an account in the information system CAIS for KNIK (customer number in CAIS) .............................;
* other: ...................................

**Please, the amount be reimbursed in one of the following ways:**

 to a bank account:

Holder: ................................................

IBAN: .................................................

BIC: ....................................................

Bank: ..................................................

 in cash, at 1618 Sofia, 1 Musala Str., after notification by phone from an GCCA' employee

 by postal record, declaring that I agree that the costs of translating the record be at my expense and deducted from the amount due

 availability on the account in CAIS for KNIK .................

I consider that the fee should be reimbursed to me for the following reasons:

............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Applications:**

1. Copy of payment document;

2. Copy of power of attorney (when the application is submitted by an authorized person);

3. Other: .............................................. ........................................................................................

Date: ...................... Sincerely: .......................

(*name and signature)*

(Name and signature)

*(Digital signature)*

**To be filled in ex officio by GCCA:**

* The amount has been received on the GCCA’ account and is identified in a document:

..............................................................................................................................................................Checked: ............................................................................................................................................

/names, position, date and signature /

* The account in CAIS of a user with KNIK has been corrected ............................................... as follows: ........................................................................................................................................ ...............................................................................................................................................................................................................................................................................................................................

/ names, position, date and signature /

1. The application is deposited in the registry office of GCCA’ headquarter or in GCCA’ regional offices, sent by mail to the address of GCCA’ headquarter or in GCCA’ regional offices, or sent electronically, signed with an electronic signature to the GCCA’ e-mail address: [acad@cadastre.bg](mailto:acad@cadastre.bg). [↑](#footnote-ref-1)