



Enclosure 7.1 Application for dependents

**APPLICATION FORM FOR INCLUDING DEPENDENTS UNDER MEDICAL INSURANCE with Bulstrad Life 16.11.2024 - 15.11.2025**

The undersigned..... Personal Identity number.....  
/full name/

I wish my dependents below to be included in the Medical Insurance of Brandwatch Bulgaria EOOD with period of insurance 16.11.2024 - 15.11.2025:

<p>Name and personal identity number ..... premium:.....</p> <p>e-mail:..... family relationship:.....</p> <ol style="list-style-type: none"> <li>I want to be included as a health insured person in health insurance "Health care"</li> <li>I got acquainted with the privacy policy of Brandwatch Bulgaria, Marins International and Bulstrad Life Vienna Insurance Group</li> </ol> <p>Signature of dependent: .....</p> <p>Signature of the child over 14 years: .....</p>
<p>Name and personal identity number ..... premium:.....</p> <p>e-mail:..... family relationship:.....</p> <ol style="list-style-type: none"> <li>I want to be included as a health insured person in health insurance "Health care"</li> <li>I got acquainted with the privacy policy of Brandwatch Bulgaria, Marins International and Bulstrad Life Vienna Insurance Group</li> </ol> <p>Signature of dependent: .....</p> <p>Signature of the child over 14 years: .....</p>
<p>Name and personal identity number ..... premium:.....</p> <p>e-mail:..... family relationship:.....</p> <ol style="list-style-type: none"> <li>I want to be included as a health insured person in health insurance "Health care"</li> <li>I got acquainted with the privacy policy of Brandwatch Bulgaria, Marins International and Bulstrad Life Vienna Insurance Group</li> </ol> <p>Signature of dependent: .....</p> <p>Signature of the child over 14 years: .....</p>

Date:..... Signature:.....