Second Degree Security Vetting Questionnaire

NOTE:

- Please use block letters and ink to complete the Questionnaire;
- Circle the correct answer;
- All sections of the Questionnaire must be completed;
- Where a question is not applicable or the answer is not known, please enter /;
- If there is not enough space for an answer, use an additional sheet of paper, sign it and enclose it with the Questionnaire;
 - Unauthorised copying of this Questionnaire after completion is forbidden.

IDENTIFICATION DETAILS									
Forename									
Surname									
Names of parents									
Personal register number									
Tax number									
Previous forenames and surnames (If YES, state which and when you changed them)	YE	S N	0					0	
Date of birth									
Place of birth									
Country of birth									
Citizenship									
Do you have dual citizenship? (If YES, which)	YE	S N	0						
Have you had any other citizenship? (If YES, which, date of change or termination and reason)	YE	S N	0		0	P '			
PERMANENT RESIDENCE ADDRE	SSE	S (
Current residence address (street, number, place)	C	Ś							
Permanent residence addresses in the last 10 years (street, number, place and period)									
TEMPORARY RESIDENCE ADDRE	SSE	S							
Current residence address (street, number, place)									
Temporary residence address in the last 10 years (street, number, place and period)									
TELEPHONE NUMBERS									
Mobile telephone numbers									
Numbers at work									
Numbers at home PASSPORT AND PERSONAL ID									
CARD									
Passport number									
Date of issue/expiry				 	 		 	 	
Issuing authority									
Personal ID card number				 	 		 	 	
Date of issue/expiry									

FOR ACTIVE MI	LITARY PERSON	NEL
---------------	---------------	-----

Personal rank	
Year when awarded/promoted	

EDUCATION DETAILS	
Primary school	
(Name of school, place)	
Secondary school	
(Name of school, place, period)	
College or university	
(Name of school, place, period)	
Vocation	
Number and date of certificate or	
diploma	
Have you published any professional or	YES NO
scientific papers?	
(If YES, write title, place and date of issue)	
Do you speak any foreign languages?	YES NO
(If YES, specify which and whether your knowledge	
is active or passive)	

EMPLOYMENT DE	TAILS			
Present position/job				
title				
Name and address of				
present employer				
Previous employment,				Reason for
name(s) of	Job title/positi	on	Employment duration	employment
employer(s)			/	termination
C				
X				
Are you engaged in any	y part-time	YE	S NO	
work?				
(If YES, state what and since w	when)			
Are there any disciplin	ary	YE	S NO	
proceedings in process				
have any disciplinary p				
been initiated against y				

four years? (If YES, state which and when)	
Have any measures been imposed against you after disciplinary proceedings in the past four years? (If YES, state which and their duration)	YES NO

ASSETS DETAILS	
List your immovable property (e.g.	
apartment, house, holiday home, etc.)	
If you own immovable property, specify	
what, its location, value and the way you	
acquired it.	
List your movable property (e.g.	
vehicles, boats, art pieces, etc.)	
Do you own a company in the	YES NO
Republic of Croatia or abroad, or have	
a share of over 5 per cent?	
(If YES, write the name and address of the	
company)	
Do you own any stocks, bonds, shares,	YES NO
etc.?	
(If YES, state in which companies and enter	
their value)	
Enter the amount of your monthly	
salary	
Specify your other income	

PARENTS, BROTHERS, SISTERS, CHILDREN AND CO-RESIDENTS DETAILS					
Forename and surname	Kinship	Place and date of birth	Registered permanent residence	Temporary residence	Present workplace, name and address of



CLOSE RELATIVES LIVING ABROAD				
Forename and surname	Place and country	Temporary/Permanent	Employment	
		·	•	

MARITAL STATUS

Are you married, cohabiting,	
divorced, widowed?	
Forename and surname of spouse	
or common-law spouse	
Previous forenames and	
surnames	
(Write which and when they were	
changed)	
Date of birth	
Place of birth	
Country of birth	
Citizenship	

Do they have dual citizenship?	YES NO
(If YES, which)	
Have they had any other	YES NO
	ILS NO
citizenship?	
(If YES, which, date of change or	
termination and reason)	
,	
Present position/job title	
Name and address of present	
-	
employer	
List immovable property	
(e.g. apartment, house, holiday	
home, etc.)	
List movable property	
1 I V	
(e.g. vehicles, boats, art pieces,	
etc.)	
Annual income	
7 Million Meonie	
HEALTH DETAILS	
Have you been treated or are you	YES NO
currently being treated for any	
mental diseases?	
(If YES, specify the diseases and	
duration of treatment)	
duration of treatment)	
	VEC NO
Are you addicted to drugs,	YES NO
Are you addicted to drugs, alcohol, gambling or anything	YES NO
	YES NO
alcohol, gambling or anything	YES NO
alcohol, gambling or anything else?	YES NO
alcohol, gambling or anything	YES NO
alcohol, gambling or anything else?	YES NO
alcohol, gambling or anything else?	YES NO
alcohol, gambling or anything else? (If YES, state what)	
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA	L AND MINOR OFFENCES
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA Are any criminal proceedings in	
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA	L AND MINOR OFFENCES
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA Are any criminal proceedings in process against you?	L AND MINOR OFFENCES
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA Are any criminal proceedings in process against you? (If YES, state for which offence, at which	L AND MINOR OFFENCES
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA Are any criminal proceedings in process against you?	L AND MINOR OFFENCES
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA Are any criminal proceedings in process against you? (If YES, state for which offence, at which court and since when)	L AND MINOR OFFENCES
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA Are any criminal proceedings in process against you? (If YES, state for which offence, at which court and since when) Are any minor offence	L AND MINOR OFFENCES YES NO
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINAT Are any criminal proceedings in process against you? (If YES, state for which offence, at which court and since when) Are any minor offence proceedings in process against	L AND MINOR OFFENCES YES NO
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINA Are any criminal proceedings in process against you? (If YES, state for which offence, at which court and since when) Are any minor offence	L AND MINOR OFFENCES YES NO
alcohol, gambling or anything else? (If YES, state what) INFORMATION ON CRIMINAT Are any criminal proceedings in process against you? (If YES, state for which offence, at which court and since when) Are any minor offence proceedings in process against	L AND MINOR OFFENCES YES NO

court and since when)	
Have any valid or invalid court verdicts or decisions been issued against you?	YES NO
(If YES, state which verdict or decision, for which offence, at which court and when)	

Place and country of	Military unit	Time
compulsory military service		

PARTICIPATION IN THE HOMELAND WAR Did you participate in the
Homeland War? YES NO (If YES, continue completing the section) Military unit Time If YES, continue completing the section) Image: Continue completing the section Image: Continue completing the section

Reserve rank and year when awarded

FOREIGN MILITARY UNITS AND INTERNATIONAL MISSIONS				
Have you been a member of	YES NO			
foreign military units?				
(If YES, continue completing the section)				
Country	Name of military unit	Time		
Y				
Have you participated in	YES NO			
international military units'				
operations?				

(If YES, continue co	mpleting the section)			
NATO, EU or UN	Name and place of operation		Superior command	Time

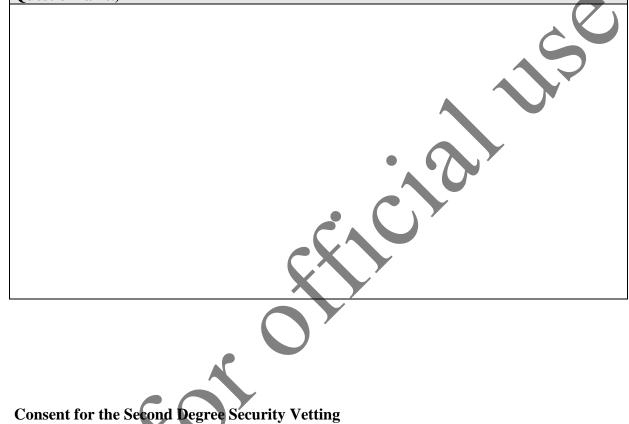
RESIDENCE ABROAD	$\overline{\mathcal{O}}$
Have you stayed abroad for more	YES NO
than three (3) consecutive	
months?	
(If YES, state country, place, time and	
reason)	
SECURITY INFORMATION	
Have you completed a security	YES NO
questionnaire or made a security	
statement in the Republic of	
Croatia or another country for	CXV
reasons other than visa, residence	
or citizenship?	
(If YES, state in which country, time of	
completion and reason) Have you had contact with	YES NO
members of the police, military or	
security and intelligence services	
of other countries?	
Does not refer to official contacts.	
(If YES, describe circumstances, nature	
of contact, time and place) Have you had contact with persons	YES NO
(organizations) that pose or have	TES NO
posed a threat to the security of the	
Republic of Croatia, the security of	
other countries or values protected by	
international law?	
Does not refer to official contacts.	
(If YES, describe circumstances, nature	
of contact, time and place)	
Have you had contact with	YES NO
persons (organizations) engaged	
in criminal activity?	

Does not refer to official contacts.

(If YES, describe circumstances, nature of contact, time and place)

NOTES

(You can use this section to write the information you consider important for the security vetting procedure or information which can corroborate that which is stated in the Questionnaire.)



By completing and signing this Questionnaire, I hereby consent to the competent security and intelligence agency to check and process the information provided in this Questionnaire and to undertake the procedures stipulated by law for the implementation of the second degree security vetting procedure.

Place and Date:

Signed: