## First 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	is i	ON								C	> \
Date of birth											K	
Place of birth												
Country of birth									 1			
Citizenship							_			M		
Do you have dual citizenship? (If YES, which)	YE	ES 1	ON				1					
Have you had any other citizenship? (If YES, which, date of change or termination and reason)	YE	ES I	ON		• /	1	C	7				
PERMANENT RESIDENCE ADDRE	SSE	S				\ )						
Current residence address (street, number, place)		-	<									
Permanent residence addresses in the last 20 years (street, number, place and period)				>								
TEMPORARY RESIDENCE ADDRE	SSE	ES										
Current residence address (street, number, place)												
Temporary residence address in the last 20 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 MILITARY PERSONNEL				
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		, 5
diploma		
Have you published any professional or	YES NO	
scientific papers?		<b>A</b> •
(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 DET	TAILS			
Present position/job				
title			, <b>^ Y</b>	
Name and address of				
present employer				
Previous employment,				Reason for
name(s) of	Job title/positi	on	Employment duration	employment
employer(s)				termination
	<b>\</b>			
K	<b>&gt;</b>			
Are you engaged in any	part-time	YE	S NO	
work?				
(If YES, state what and since w	hen)			
Are there any disciplina	ary	YE	S NO	
proceedings in process				
have any disciplinary p				
been initiated against y	ou in the past			
four years?				
(If YES, state which and when	)			

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

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.)	<b>*</b>
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Do you own a company in the	YES NO
Republic of Croatia or abroad, or have	TES TO
a share of over 5 per cent?	<b>A O O O O O O O O O O</b>
wante of over a per contr	
(If YES, write the name and address of the	<b>*</b> ( ) '
company)	
	CX
Do you own any stocks, bonds, shares,	YES NO
etc.?	
CONTROL IN THE CONTROL OF THE CONTRO	<b>Y</b>
(If YES, state in which companies and enter their value)	
then value)	
List the banks in the Republic of	
Croatia and abroad in which you have	
personal accounts (e.g. current	
account, foreign exchange account,	
transfer account, etc.)	
<b>Y</b>	
Enter the amount of your monthly	
salary	
7	
<b>Y</b>	
Specify your other income	
Enter the amounts of your financial	
obligations (e.g. loans, guarantees,	
etc.)	

PARENTS, BI	ROTHERS	, SISTERS, CH	ILDREN AND C	O-RESIDENTS	
Forename and surname	Kinship	Place and date of birth	Registered permanent residence	Temporary residence	Present workplace, name and address of employer
			•		
			S/C		
		C	<b>Y</b>		
		4			

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

MARITAL STATUS	
Are you married, cohabiting, divorced, widowed?	
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 citizenship?	YES NO
(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 (e.g. vehicles, boats, art pieces, etc.)	O'Y
Annual income	

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)	
Are you addicted to drugs,	YES NO
alcohol, gambling or anything	
else?	
(If YES, state what)	

INFORMATION ON CRIMINAL	L AND MINOR OFFENCES	
Are any criminal proceedings in	YES NO	
process against you?		
(If YES, state for which offence, at which court and since when)		
Are any minor offence	YES NO	
proceedings in process against		
you?		
(If YES, state for which offence, at which court and since when)		20
Have any valid or invalid court	YES NO	
verdicts or decisions been issued		40
against you?		A Y
(If YES, state which verdict or decision, for which offence, at which court and when)		
	~ 0	) '
Place and country of	Military unit	Time

Place and country of compulsory military service	Military unit	Time
	X	
	·	

PARTICIPATION IN THE HOMELAND WAR			
Did you participate in the	YES NO		
Homeland War?	Military unit	Time	
(If YES, continue completing the section)			
X			
Reserve rank and year when awa	rded		

FOREIGN MILITARY UNITS AND INTERNATIONAL MISSIONS		
Have you been a member of	YES NO	
foreign military units?		
(If YES, continue completing the section)		

Cou	Country		military unit	Time
Have you particip international mili operations?  (If YES, continue co		YES NO		
NATO, EU or UN	Name and place	of operation	Superior comman	d Time

RESIDENCE ABROAD	
Have you stayed abroad for more than three (3) consecutive	YES NO
months?	CX
(If VES state the country place time	XY
(If YES, state the 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	
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	
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.	
Sees 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)	
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NOTES	
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Annex: Consent Form (1 page)

## **CONSENT FORM**

1,			•	
/	(FORENAME	AND SURNAME)		(PERSONAL ID NUMBER)
born on	at		_	
(DATE	E)	(PLACE)	,	(ADDRESS)
check the balances	of my person	nal accounts and	financial tran	y and intelligence agency, to associons exceeding 100,000
Croatian Kuna dur	ring the last tw	vo (2) years, wi	th all the cre	edit institutions based in the
Republic of Croati	a and branche	s of the credit i	nstitutions ba	sed outside the Republic of
Croatia licensed by	the Croatian N	ational Bank to c	perate in the	Republic of Croatia.
At	, on			
				Foreame and Surname
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Verifie	ed by	<b>&gt;</b>		
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/				