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)	YES NO
Date of birth	
Place of birth	
Country of birth	
Citizenship	
Do you have dual citizenship? (If YES, which)	YES NO
Have you had any other citizenship? (If YES, which, date of change or termination and reason)	YES NO
PERMANENT RESIDENCE ADDRE	SSES
Current residence address	
(street, number, place)	
Permanent residence addresses in the last 20 years (street, number, place and period)	
TEMPORARY RESIDENCE ADDRE	SSES
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	
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	IAILS			
title				
Name and address of				
present employer				
Previous employment, name(s) of employer(s)	Job title/position	on	Employment duration	Reason for employment termination
Are you engaged in an work? (If YES, state what and since what and since what and since what are what	_	YE	S NO	
Are there any disciplin	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	1)			

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.)	
Do you own a company in the Republic of Croatia or abroad, or have a share of over 5 per cent?	YES NO
(If YES, write the name and address of the company)	
Do you own any stocks, bonds, shares, etc.?	YES NO
(If YES, state in which companies and enter their 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.)	
Enter the amount of your monthly salary	
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	DETAILS
Forename and surname	Kinship	Place and date of birth	Registered permanent residence	Temporary residence	Present workplace, name and address of employer
,	•				

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 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.)	
Annual income	

HEALTH DETAILS	
Have you been treated or are you currently being treated for any mental diseases? (If YES, specify the diseases and duration of treatment)	YES NO
Are you addicted to drugs, alcohol, gambling or anything else?	YES NO
(If YES, state what)	

INFORMATION ON CRIMINAL AND MINOR OFFENCES		
Are any criminal proceedings in	YES NO	
process against you?		
(707777		
(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)		
Have any valid or invalid court	YES NO	
verdicts or decisions been issued		
against you?		
(If YES, state which verdict or decision,		
for which offence, at which court and		
when)		

Place and country of compulsory military service	Military unit	Time

PARTICIPATION IN THE HOMELAND WAR		
Did you participate in the	YES NO	
Homeland War?	Military unit	Time
(If YES, 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)		

RESTRICTED WHEN COMPLETED

Cou	ntry	Name of	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 command	Time

RESIDENCE ABROAD	
Have you stayed abroad for more than three (3) consecutive months?	YES NO
(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?	
garma	
(If YES, state in which country, time of completion and reason)	
Have you had contact with	YES NO
members of the police, military or	TES TO
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 (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?	YES NO	
Does not refer to official contacts.		
(If YES, describe circumstances, nature of contact, time and place)		
Have you had contact with persons (organizations) engaged in criminal activity?	YES NO	
Does not refer to official contacts.		
(If YES, describe circumstances, nature of contact, time and place)		
	the information you consider important for the security which can corroborate that which is stated in the	
Consent for the First Degree Secu	urity Vetting	
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 first degree security vetting procedure.		
Place and Date:	Signed:	

Annex: Consent Form (1 page)

CONSENT FORM

URNAME)	(PERSONAL ID NUMBER)
PLACE)	(ADDRESS)
counts and in the credit in	petent security and intelligence agency, to financial transactions exceeding 100,000 h all the credit institutions based in the astitutions based outside the Republic operate in the Republic of Croatia.
	Foreame and Surname
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