

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	<table border="1" style="width: 100%; height: 15px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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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 ADDRESSES																					
Current residence address (street, number, place)																					
Permanent residence addresses in the last 10 years (street, number, place and period)																					
TEMPORARY RESIDENCE ADDRESSES																					
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 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 scientific papers? (If YES, write title, place and date of issue)	YES NO
Do you speak any foreign languages? (If YES, specify which and whether your knowledge is active or passive)	YES NO

EMPLOYMENT DETAILS			
Present position/job title			
Name and address of present employer			
Previous employment, name(s) of employer(s)	Job title/position	Employment duration	Reason for employment termination
Are you engaged in any part-time work? (If YES, state what and since when)	YES NO		
Are there any disciplinary proceedings in process against you or have any disciplinary proceedings been initiated against you in the past	YES NO		

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 Republic of Croatia or abroad, or have a share of over 5 per cent? (If YES, write the name and address of the company)	YES NO
Do you own any stocks, bonds, shares, etc.? (If YES, state in which companies and enter their value)	YES NO
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
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RESTRICTED
WHEN COMPLETED

Do they have dual citizenship? (If YES, which)	YES NO
Have they had any other citizenship? (If YES, which, date of change or termination and reason)	YES NO
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? (If YES, state what)	YES NO

INFORMATION ON CRIMINAL AND MINOR OFFENCES

Are any criminal proceedings in process against you? (If YES, state for which offence, at which court and since when)	YES NO
Are any minor offence proceedings in process against you? (If YES, state for which offence, at which	YES NO

(If YES, continue completing the section)			
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? (If YES, state country, place, time and reason)	YES NO

SECURITY INFORMATION	
Have you completed a security 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)	YES NO
Have you had contact with members of the police, military or security and intelligence services of other countries? <u>Does not refer to official contacts.</u> (If YES, describe circumstances, nature of contact, time and place)	YES NO
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? <u>Does not refer to official contacts.</u> (If YES, describe circumstances, nature of contact, time and place)	YES NO
Have you had contact with persons (organizations) engaged in criminal activity?	YES NO

<p><u>Does not refer to official contacts.</u></p> <p>(If YES, describe circumstances, nature of contact, time and place)</p>	
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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.)

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Consent for the Second Degree Security 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 second degree security vetting procedure.

Place and Date:

Signed:
