*Photo*

**APPLICATION FOR CROATIAN VISA**

*This application form is free*

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| --- | --- |
| 1. Surname(s) / Family name(s) **(x)** | **Isključivo za službenu uporabu**Datum podnošenja zahtjevaBroj zahtjeva u HVIS-uZahtjev podnesen uDM/KUZajednički centar za podnošenje zahtjevaPružatelj usluga Komercijalni posrednik Granični prijelazNazivOstaloZahtjev obradio/obradilaPriložena dokumentacijaPutna ispravaSredstva zauzdržavanjePozivPrijevozno sredstvoPutno zdravstveno osiguranjeOstaloOdluka o vizi Odbijena IzdanaA C Vrijediod .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..do .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. .. ..Broj ulazakaJedan DvaVišeBroj dana |
| 2. Surname(s) at birth **(x)** |
| 3. First name(s) **(x)** |
| 4. Date of birth(day-month-year) | 5. Place of birth6. Country of birth | 7. Current nationalityNationality at birth, if different |
| 8. SexMaleFemale | 9. Marital statusSingle Married Separated Divorced Widow(er)Other (please specify) |
| 10. If the application is lodged by a legal guardian: surname(s), name(s), address (if different fromapplicant’s) and nationality of a legal guardian |
| 11. National identity number (where applicable) |
| 12. Type of travel documentOrdinary passport Diplomatic passport Service passport Special passportOther travel document (please specify) |
| 13. Number of travel document | 14. Date of issue | 15. Valid until | 16. Issued by |
| 17. Applicant’s home address, e-mail address | Telephone number(s) |
| 18. Residence in a country other than the country of current nationalityNoYes. Residence permit or equivalent No Valid until |
| \*19. Current occupation |
| \*20. Employer and employer’s address and telephone number. For students, name and address of educational establishment (\*) |
| 21. Main purpose of travelTourism Business Visiting friends/family Cultural SportsOfficial visit Medical reasons Study Transit Airport transitOther (please specify) |

(x) Fields 1 – 3 shall be filled in accordance with the data in the travel document.

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| 22. Country of final destination | 23. Border of first entry |  |
| 24. Number of entry requestedSingle entry Two entries Multiple entries | 25. Duration of the intended stay or transit (indicate number of days) |
| 26. Visa(s) issued during past three yearsNoYes. Country and validity:Country Valid from until Country Valid from until Country Valid from until |
| 27. Fingerprints collected previously for the purpose of visa application |
| No | Yes. Date (if known) |
| 28. Entry permit for the final country of destination, where applicableIssued by Valid from until |
| 29. Intended date of arrival in the Republic ofCroatia | 30. Intended date of departure from the Republic ofCroatia |
| \*31. Surname and first name of the inviting person(s) in the Republic of Croatia. If not applicable, name of hotel(s) or temporary accomodation(s) in the Republic of Croatia. |
| Address and e-mail address from the inviting person(s) / hotel(s) /temporary accommodation(s) | Telephone and telefax |
| \*32. Name and address of inviting company/organisation | Telephone and telefax |
| Surname, first name, address, telephone, telefax and e-mail address of a contact person in company/organisation |
| \*33. Cost of travelling and living during the stay is covered by |
| the applicant himself/herselfMeans of supportCashTraveller’s chequesCredit card(s)Prepaid accommodationPrepaid transportOther (please specify) | a host / company /organisation (please specify) referred to in field 31 / 32 .. .. .. .. .. .. .. .. .. .. .. .. .. .... .. .. .. other (please specify) .**.** .. .. .. .. .. .. .. .. .. .. .. .. .. .. .... .. ..Means of supportCashAccommodation providedAll expenses covered during the stayPrepaid transportOther (please specify) |

(\*)The fields marked with \* shall not be filled in by family members of EU, EEA and CH citizens (spouse, child, or dependent ascendant) while exercising

their right of free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields number 34 and 35.

|  |  |
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| 34. Personal data of the family member who is an EU, EEA or CH citizen |  |
| Surname | First name |
| Date of birth | Nationality | Number of travel document or ID card |
| 35. Family relationship with an EU, EEA or CH citizenspouse child grandchild dependent ascendant |
| 36. Place and date | 37. Signature (for minors and persons deprived of legal capacity, signature of a legal guardian) |

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field No. 24):

I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the Republic of

Croatia.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Republic of Croatia and processed by those authorities, for the purposes of a decision on my visa application.

Such data, as well as data concerning the decision taken on my application or a decision whether to annual, revoke or extend a visa issued will be entered into, and stored in the Visa Information System of the Republic of Croatia (HVIS) for a maximum period of five years. During that time all data will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Republic of Croatia, immigration and asylum authorities in the Republic of Croatia for the purposes of verifying whether the conditions for the legal entry into, stay, and residence on the territory of the Republic of Croatia are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determinin g responsibility for such examination. Under certain conditions the data will also be available to designated authorities of the Republic of Croatia and to Europol for the purpose of prevention, detection and investigation of terrorist offences and other serious cri minal offences. The authority responsible for processing the data is the Ministry for Foreign and European Affairs of the Republic of Croatia.

I am aware that I have the right to obtain notification of the data relating to me recorded in the HVIS and to request that d ata relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check, correct or delete if inaccurate or illegally processed, any personal data concerning me in HVIS, as well as of the legal remedies according to the law. Claims concerning personal data protection are dealt by the Croatian Personal Data Protection Agency (Martićeva 14, 10 000 Zagreb, Croatia, phone: 00385 1 460 9000, fax: 00385 1 460 9099, e-mail: azop@azop.hr).

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted, and may also render me liable to prosecution under the law of the Republic of Croatia.

I undertake to leave the territory of the Republic of Croatia before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the Republic of Croatia. The mere fact that a visa has b een granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of the Aliens Act of the Republic of Croatia (Official Gazette, No. 130/11) and I am therefore refused entry. The prerequisites for entry will be chec ked again

on entry into the territory of the Republic of Croatia.

Place and date Signature (for minors and persons deprived of legal capacity, signature of a legal guardian)