

STATEMENT BY THE FOREIGN PERSON AUTHORIZED FOR THE PERFORMANCE OF A REGULATED PROFESSION IN CIVIL ENGINEERING IN THE REPUBLIC OF CROATIA

1	X Annual renewal of the Statement for	the performance of	of a regulated pr	ofession in civ	il engineering	in the F	Republic	of Croati	
	Personal information:								
	Name:		Surname	:					
	GENDER (please mark): MALE	FEMALE	Citizenship:						
	Personal document (please mark):	ID card	-	passp	ort				
	Number of personal document:	Place of issue of personal document:							
	Country of issuance of the personal docu	ment:		Tax numbe	er:				
				person	al tax number (TIN / PI	N/ MCN	/ ID numl	
	Date of birth:	Place:			Country:				
	Personal contact information from the	e domicile countr	y (mandatory):						
	Address (street, house number, postal c	ode and place):							
	Phone/GSM (with area code):								
E-mail:									
	Contact information (if different from th	e indicated person	al contact inform	nation from the	domicile cour	ntry – no	ot manda	atory):	
Address (street, house number, postal code and place):									
Phone/mobile phone number (with area code):									
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	Name of position:
	Description of work:
	E-mail:
	Phone/GSM (with area code):
5.	Professional liability insurance (do you own a professional liability insurance policy): YES NO
	Insurance company name:
	Policy number/date of expiry
	Type of coverage:
	Territorial coverage:
6.	Power of attorney: By signing the subject Application, I hereby authorize the subject person to take over on my behalf the documentation issued by the Chamber pursuant to the subject Request! (<i>mandatory submission of the power of attorney</i>)!

2

Name and surname of the authorized person:

Phone/GSM (with area code):

E-mail:

I declare with my signature, under criminal and material liability, that the above mentioned information, as well as all the submitted documentation and appendices to this Application, is true. I accept the obligation to perform works in accordance with the powers determined by the Act and the acts of the Chamber. I agree that my information from the Record/Directory of foreign chartered engineers be published.

In (city): date: Applicant's signature:

The terms used in this Statement, and have a gendered meaning, apply equally to male and female gender.

Documentation - the appendices are submitted in the Croatian language and copy of the original:

evidence of professional liability insurance for a minimum amount of =HRK 1,000,000.00 original and/or a copy of the professional liability insurance policy issued in the name and surname and valid on the territory of the Republic of Croatia and the EU

payment of the annual fee in the amount of HRK 1,800.00

Croatian Chamber of Civil Engineers SWIFT: ZABAHR2X IBAN: HR8323600001102087559 Zagrebačka banka d.d.