

Visina prihoda: _____
Amount of income: _____

B. Podaci o zaposlenju osobe na temelju čijeg statusa u Republici Hrvatskoj se traži odobrenje boravka:
Data about employment of the person on the basis of whose status in the Republic of Croatia residence permit is requested:

Ime i adresa poslodavca: _____
Name and address of the employer: _____

Visina prihoda: _____
Amount of income: _____

C. Podatak o drugim financijskim sredstvima za život: _____
Information about other financial resources for living: _____

17. Podatak o zdravstvenom osiguranju: _____
Information about health insurance: _____

18. Zakonske obveze uzdržavanja druge osobe: _____
Legal obligations for supporting other person(s): _____

19. Stupanj naobrazbe i zanimanje: _____
Level of education and occupation: _____

20. Predviđeno trajanje boravka: od: _____ do: _____
Anticipated period of stay: From: _____ to: _____

21. Završna izjava:
Final statement:

a) Ovim potvrđujem da su svi podaci navedeni u točkama 1. - 20. potpuni, te da odgovaraju istini i podacima u priloženim dokumentima. Potvrde koje su na drugom jeziku priložene su u hrvatskom prijevodu.
Hereby I confirm that all information given under Items 1. - 20. are complete, that they are true and correspond to the data contained in the documents attached. Certificates in another language are attached in the Croatian translation.

b) Primam na znanje da su moji osobni podaci u svrhu sastavljanja zapisnika i arhiviranja informatički obrađeni.
I take note that my personal data are computer processed for the purpose of drawing up the minutes and of filing.

c) Potpisivanjem ovog zahtjeva pristajem da se svi moji osobni podaci koji se navode na ovom obrascu mogu prosljediti nadležnim tijelima Republike Hrvatske te dajem suglasnost za provjeravanje i obradu istih, kao i poduzimanje zakonom propisanih postupaka za provođenje odgovarajuće sigurnosne provjere, a u svrhu odlučivanja o ovom zahtjevu.

By signing this application form, I agree that all my personal data provided in this form may be forwarded to the competent authorities of the Republic of Croatia. I also give consent that they be verified and processed and that legally prescribed procedures necessary for conducting a relevant security clearance procedure be taken for the purpose of deciding on this application.

U _____, dana _____
In _____ Date: _____

Potpis podnositelja prijave: _____
Signature of the applicant: _____

Potpis službene osobe: _____
Signature of the official person: _____

Popunjava službena osoba:
To be filled out by the official person:

Ishod postupka: _____
Result of the procedure: _____

Datum izdavanja potvrde: _____
Date when the approval was issued: _____

Vrijedi do: _____
Valid until: _____