



# APPLICATION FOR CROATIAN VISA

*This application form is free*

1. Surname(s) / Family name(s) <sup>(x)</sup>				<b>Isključivo za službenu uporabu</b>	
2. Surname(s) at birth <sup>(x)</sup>				Datum podnošenja zahtjeva	
3. First name(s) <sup>(x)</sup>				Broj zahtjeva u HVIS-u	
4. Date of birth (day-month-year)		5. Place of birth		7. Current nationality	
		6. Country of birth		Nationality at birth, if different	
8. Sex		9. Marital status			
<input type="checkbox"/> Male		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)			
<input type="checkbox"/> Female		<input type="checkbox"/> Other (please specify)			
10. If the application is lodged by a legal guardian: surname(s), name(s), address (if different from applicant's) and nationality of a legal guardian				Zahtjev podnesen u	
				<input type="checkbox"/> DM/KU	
				<input type="checkbox"/> Zajednički centar za podnošenje zahtjeva	
				<input type="checkbox"/> Pružatelj usluga	
				<input type="checkbox"/> Komercijalni posrednik	
				<input type="checkbox"/> Granični prijelaz	
				Naziv	
				<input type="checkbox"/> Ostalo	
11. National identity number (where applicable)				Zahtjev obradio/obradila	
12. Type of travel document				Priložena dokumentacija	
<input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Special passport				<input type="checkbox"/> Putna isprava	
<input type="checkbox"/> Other travel document (please specify)				<input type="checkbox"/> Sredstva za uzdržavanje	
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 nationality				Odluka o vizi	
<input type="checkbox"/> No				<input type="checkbox"/> Odbijena	
<input type="checkbox"/> Yes. Residence permit or equivalent				<input type="checkbox"/> Izdana	
				<input type="checkbox"/> A <input type="checkbox"/> C	
				Vrijedi	
				od .....	
				do .....	
*19. Current occupation				Broj ulazaka	
				<input type="checkbox"/> Jedan <input type="checkbox"/> Dva	
				<input type="checkbox"/> Više	
				Broj dana	
*20. Employer and employer's address and telephone number. For students, name and address of educational establishment <sup>(*)</sup>					
21. Main purpose of travel					
<input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting friends/family <input type="checkbox"/> Cultural <input type="checkbox"/> Sports					
<input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit					
<input type="checkbox"/> Other (please specify)					

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

22. Country of final destination		23. Border of first entry	
24. Number of entry requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries		25. Duration of the intended stay or transit (indicate number of days)	
26. Visa(s) issued during past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. 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			
<input type="checkbox"/> No		<input type="checkbox"/> Yes. Date (if known)	
28. Entry permit for the final country of destination, where applicable			
Issued by		Valid from	until
29. Intended date of arrival in the Republic of Croatia		30. Intended date of departure from the Republic of Croatia	
*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			
<input type="checkbox"/> the applicant himself/herself  Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card(s) <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)		<input type="checkbox"/> a host / company /organisation (please specify) <input type="checkbox"/> referred to in field 31 / 32 ..... <input type="checkbox"/> other (please specify) .....  Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (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.

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 citizen		
<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> 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 determining 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 criminal 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 data 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.

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 been 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, 74/13 and 69/17) and I am therefore refused entry. The prerequisites for entry will be checked 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)
----------------	----------------------------------------------------------------------------------------------