

## ZAHTJEV ZA IZDAVANJE DOZVOLE ZA BORAVAK I RAD APPLICATION FOR ISSUANCE OF STAY AND WORK PERMIT

Prvo izdavanje       Produženje   
First issuance       Extension

1. Prezime: \_\_\_\_\_  
Surname: \_\_\_\_\_
2. Bivše, odnosno rođeno prezime: \_\_\_\_\_  
Former or maiden surname: \_\_\_\_\_
3. Ime: \_\_\_\_\_  
Given name(s): \_\_\_\_\_
4. Spol:  Muško  Žensko      OIB\* |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Sex:  Male  Female      \*upisuje se ukoliko je dodijeljen / to be entered if issued
5. Ime roditelja: Otac: \_\_\_\_\_  
Given names of parents: Father: \_\_\_\_\_  
Majka: \_\_\_\_\_  
Mother: \_\_\_\_\_
6. Datum, mjesto i država rođenja: \_\_\_\_\_  
Date, place and state of birth: \_\_\_\_\_
7. Državljanstvo: \_\_\_\_\_  
Nationality: \_\_\_\_\_
8. Adresa u Republici Hrvatskoj: \_\_\_\_\_  
Address in the Republic of Croatia: \_\_\_\_\_
9. Bračno stanje:  
Marital status:  
 neoženjen / neudana     izvanbračna zajednica     oženjen / udana     udovac / udovica     rastavljen(a)  
single                                      common law marriage                                      married                                      widow(er)                                      divorced
10. Podaci o djeci:  
Details on children:
1. Ime, prezime: \_\_\_\_\_  
Name, surname:  
Datum, mjesto, država rođenja i državljanstvo: \_\_\_\_\_  
Date, place, state of birth and nationality:
  2. Ime, prezime: \_\_\_\_\_  
Name, surname:  
Datum, mjesto, država rođenja i državljanstvo: \_\_\_\_\_  
Date, place, state of birth and nationality:
  3. Ime, prezime: \_\_\_\_\_  
Name, surname:  
Datum, mjesto, država rođenja i državljanstvo: \_\_\_\_\_  
Date, place, state of birth and nationality:
  4. Ime, prezime: \_\_\_\_\_  
Name, surname:  
Datum, mjesto, država rođenja i državljanstvo: \_\_\_\_\_  
Date, place, state of birth and nationality:  
Naziv i mjesto škole: \_\_\_\_\_  
Name and place of school: \_\_\_\_\_

11. Adresa u inozemstvu: \_\_\_\_\_  
Address in a foreign country: \_\_\_\_\_
12. Putna isprava podnosiocelja zahtjeva: \_\_\_\_\_  
Travel document of the applicant: \_\_\_\_\_  
Tijelo koje je izdalo putnu ispravu: \_\_\_\_\_  
The authority that has issued the travel document: \_\_\_\_\_  
Mjesto i datum izdavanja: \_\_\_\_\_  
Place and date of issuance: \_\_\_\_\_  
Broj: \_\_\_\_\_ Isprava vrijedi do: \_\_\_\_\_  
Number: \_\_\_\_\_ Document valid until: \_\_\_\_\_
13. Ulazak u Republiku Hrvatsku: \_\_\_\_\_  
Entry into the Republic of Croatia: \_\_\_\_\_  
a) obveza posjedovanja vize:  Da  Ne  
obligation to possess a visa: Yes No  
b) viza broj: \_\_\_\_\_  
visa number: \_\_\_\_\_  
Vrijedi do: \_\_\_\_\_ Tijelo koje je vizu izdalo: \_\_\_\_\_  
Valid until: \_\_\_\_\_ Issued by the authority \_\_\_\_\_
14. Podaci o poslodavcu:  
Information about the employer:  
1. Naziv poslodavca \_\_\_\_\_  
Name of the employer  
2. Sjedište i adresa \_\_\_\_\_  
Seat and address of the employer  
3. RegistarSKI broj u Hrvatskom zavodu za zdravstveno osiguranje   
Registration number in the Croatian Health Insurance Institute  
4. Šifra djelatnosti  OIB   
Business activity code  
5. Razdoblje za koje se zahtijeva dozvola od  do   
Period for which the permit is requested from to  
6. Naziv radnog mjesta \_\_\_\_\_  
Name of the job position  
7. Godišnja kvota                    DA        NE  
Yearly quota                        YES      NO  
8. Sezonsko zapošljavanje        DA        NE  
Seasonal employment            YES      NO  
9. Dnevna migracija                DA        NE  
Daily migration                  YES      NO
15. Obrtnik u RH:                     DA        NE  
Craftsman in RC:                 YES      NO
1. Naziv obrta \_\_\_\_\_  
Name of craft  
2. Sjedište i adresa \_\_\_\_\_  
Headquarters and address of the employer  
3. RegistarSKI broj u Hrvatskom zavodu za zdravstveno osiguranje   
Registration number in the Croatian Health Insurance Institute  
4. Šifra djelatnosti   
Code of activity  
5. Razdoblje za koje se zahtijeva dozvola od  do   
Period for which the permit is requested from to
16. Pružatelj usluge u ime inozemnog poslodavca        DA        NE  
Provider of services on behalf of a foreign employer   YES      NO
1. Naziv tvrtke u RH \_\_\_\_\_  
Name of company in RC  
2. Sjedište i adresa \_\_\_\_\_  
Headquarters and address  
3. RegistarSKI broj u Hrvatskom zavodu za zdravstveno osiguranje   
Registration number in the Croatian Health Insurance Institute  
4. Šifra djelatnosti  OIB   
Code of activity  
5. Naziv inozemnog poslodavca, sjedište i adresa \_\_\_\_\_  
Name of foreign employer, headquarters and address  
\_\_\_\_\_  
6. Razdoblje za koje se zahtijeva dozvola od  do   
Period for which the permit is requested from to

7. Stručna sprema \_\_\_\_\_  
Professional qualifications
8. Zanimanje \_\_\_\_\_  
Occupation
9. Vrsta usluge \_\_\_\_\_  
Type of service
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. Služenje vojnog roka: \_\_\_\_\_  
Military service:
22. Završna izjava:  
Final statement:
- a) Ovim potvrđujem da su svi podaci navedeni u točkama 1. - 21. 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. - 22. 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) Ovim se obvezujem da ću svaku promjenu osobnih podataka prije ulaska u Republiku Hrvatsku, putem diplomatskih misija, odnosno konzularnih ureda Republike Hrvatske, dostaviti hrvatskim nadležnim tijelima. Hereby I undertake, that I will communicate any change of my personal data to the Croatian competent authorities through diplomatic missions or consular offices of the Republic of Croatia before entering the Republic of Croatia.
- c) 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.
- d) Pristajem da se svi moji osobni podaci koji se navode na ovom obrascu mogu prosljediti na provjeru nadležnim tijelima Republike Hrvatske u svrhu odlučivanja o ovome zahtjevu. I hereby agree that all my personal data stated in this form may be submitted to the competent authorities of the Republic of Croatia for the purpose of verification when deciding on this application.
- e) Primam na znanje da moj zahtjev zbog nepotpunih i netočnih podataka, kao i zbog neispunjavanja točke 22. b, 22. c i 22. d može biti odbijen. I take note that my application may be refused on account of incomplete and inaccurate data as well as noncompliance with the Subitems 23. b, 23. c and 23. d.

U \_\_\_\_\_, dana \_\_\_\_\_  
In \_\_\_\_\_ Date: \_\_\_\_\_

Potpis podnositelja zahtjeva: \_\_\_\_\_  
Signature of the applicant: \_\_\_\_\_

fotografija  
35 x 45 mm  
Photo

Potpis službene osobe: \_\_\_\_\_  
Signature of the official person:

Popunjava službena osoba kojoj je zahtjev podnesen:  
To be filled out by the official person to whom the application was submitted:

Ishod postupka: \_\_\_\_\_  
Result of the procedure:

Broj rješenja: \_\_\_\_\_  
Number of decision:

Datum izdavanja odobrenja: \_\_\_\_\_  
Date when the approval was issued:

Vrijedi od: \_\_\_\_\_ do: \_\_\_\_\_  
Valid from: \_\_\_\_\_ until:

Potpis službene osobe: \_\_\_\_\_  
Signature of the official person: