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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***DECLARATION FORM BY WHICH A FOREIGN PERSON THAT IS ESTABLISHED IN ANOTHER STATE NOTIFIES THE MINISTRY OF THE PERFORMANCE OF PHYSICAL PLANNING AND BUILDING ACTIVITIES IN THE REPUBLIC OF CROATIA ON A TEMPORARY OR OCCASIONAL BASIS***  *Provisions of Article 69 of the Act on Physical Planning and Building Tasks and Activities (Official Gazette 78/15, 118/18 and 110/19)* | | | | | | | | | | | |
| **1.** | | **MARK THE ACTIVITY THAT THE FOREIGN PERSON WILL PERFORM ON A TEMPORARY OR OCCASIONAL BASIS IN THE REPUBLIC OF CROATIA** (for each activity from 1. – 3. deliver a separate form) | | | | 1.  physical planning | 2.  designing  professional construction supervision  design audit | | | | 3.  construction |
|  | | | | | | | | | | | |
| **2.** | | **TASKS COVERED BY THE ACTIVITY PURSUANT TO REGULATIONS IN THE STATE OF ESTABLISHMENT:** | | | |  | | | | | |
|  | | | | | | | | | | | |
| **3.** | | **DATA ON THE FOREIGN PERSON** from official document | | | | | | | | | |
| **TITLE of the FOREIGN PERSON:**  (legal person or natural person tradesman) | | | |  | | **ADDRESS of the RESPONSIBLE PERSON in the FOREIGN PERSON:** | | |  | | |
| **REGISTRATION NUMBER:** | | | |  | | **POSITION:** | | |  | | |
| **OTHER NUMERICAL IDENTIFICATION:** | | | |  | | **PERSONAL IDENTIFICATION NUMBER:** | | |  | | |
| **ADDRESS of the REGISTERED or DOMICILE OFFICE** | | | | | | **ADDRESS of the RESPONSIBLE PERSON** | | | | | |
| **STREET AND NO.:** | | | | | | **STREET & NO.:** | | | | | |
| **POSTAL CODE:** | | | | **CITY:** | | **POSTAL CODE:** | | | | **PLACE:** | |
| **STATE:** | | | | | | **STATE:** | | | | | |
| **TEL:** | | | | **GSM:** | | **TEL:** | | | **GSM:** | | |
| **E-MAIL:** | | | | | | **E-MAIL:** | | | | | |
|  | | | | | |  | | | | | |
| **4.** | | **AUTHORISED NATURAL PERSON of the PROFESSION**  (employer of the foreign person responsible for the tasks within the activity carried out by the foreign person) | | | | **NAME AND SURNAME:** | | | | | |
|  | | | | | | | | | | | |
| **5.** | | **MANDATORY ENCLOSURES TO THE DECLARATION** | | | | | | | | | |
| **5.1.** | | **DOCUMENT PROVING THE RIGHT TO CARRY OUT THE ACTIVITY IN THE STATE OF ESTABLISHMENT OF THE FOREIGN PERSON** | | | | | | | | | |
| **DOCUMENT TITLE 1.:** | | | | | | **DOCUMENT TITLE 2.:** | | | | | |
| **DESIGNATION:** | | | **DATE of DOCUMENT VALIDITY:** | | | **DESIGNATION:** | | | | **DATE of DOCUMENT VALIDITY:** | |
|  | | |  | | |  | | | |  | |
| **5.2.** | | **EVIDENCE OF LIABILITY INSURANCE OF THE FOREIGN PERSON FOR DAMAGE THAT THE PERSON MAY INCUR TO THE INVESTOR OR OTHER PERSONS BY CARRYING OUT THE ACTIVITY** | | | | **NUMBER OF CONTRACT/POLICY:** | | | | | |
| **INSURANCE PERIOD:** | | | | | |
| **INSURER:** | | | | | |
| **5.3.** | | **POWER OF** **AUTHORITY from item 6.** | | | | **DATE OF POWER OF AUTHORITY:** | | | | | |
|  | |  | | | |  | | | | | |
| **6.** | | **PERSON AUTHORISED** for **REPRESENTATION** or **PLENIPOTENTIARY** for **RECEIVING WRITS** with a **DOMICILE ADDRESS** in the **REPUBLIC OF CROATIA** | | | | | | | | | |
| **NAME AND SURNAME:** | | | |  | | **ADDRESS** | | | | | |
| **PERSONAL IDENTIFICATION NUMBER:** | | | |  | | **STREET & NO.:** | | | | | |
| **CIRCLE only option 1. OR 2.,**  **i.e. WHAT A PERSON is AUTHORISED FOR pursuant to the General Administrative Procedure Act:** | | | | **1. for RECEIVING WRITS** | | **POSTAL CODE:** | | | | **PLACE:** | |
| **2. for REPRESENTATION** | | **STATE: REPUBLIKA HRVATSKA** | | | | | |
| **TEL:** | | | | **GSM:** | | **E-MAIL:** | | | | | |
| **7.** | **PROOF OF PAYMENT OF ADMINISTRATIVE FEE IN THE AMOUNT OF 20.00 HRK** | | | | | | | | | |
| **STATEMENT BY THE RESPONSIBLE PERSON**  **The data indicated in this declaration form is true, which I certify by my signature:** | | | | | | | | | | | |
| **Place and date of drafting the declaration:** | | | | | **Name and surname of the responsible person:** | | | **Signature of the responsible person:** | | | |

*The declaration form has to be fully completed.*

**CLARIFICATION of FORM**

1. If a foreign person wishes to carry out more than one activity listed in points 1-3, a separate form should be submitted for each activity. It is necessary to mark  for which activity the foreign person applies for.
2. Identify the activity for which the foreign person is registered in the state of establishment according to the national classification of activities and related to the activity for which he applies (e.g. for item 3. construction: 41.2 Construction of residential and non-residential buildings, 43.3 Final construction works).
3. ***Title of the foreign person*** shall indicate data on the full name of the foreign legal person or foreign natural person tradesman in accordance with the document proving the right to exercise activities in the state of establishment of the foreign person.

***A responsible person*** in a foreign person is a person with the right of representation as evidenced by a document proving the right to carry out the activity in the state of establishment of a foreign legal person or foreign natural person tradesman. In case of **more than one** responsible person, in item 3. **ONLY ONE** responsible person shall be indicated, whereas the form shall be signed by **ALL** responsible persons.

1. ***Authorised natural person of*** ***the profession*** is a person employed in a foreign person who is responsible for carrying out the tasks that a foreign legal person or foreign natural person tradesman will perform in the Republic of Croatia.

Mandatory enclosures referred to in item 5. are to confirm:

5.1. – **right to perform the activity** in the state of establishment of the foreign person (act proving the activity). In case that there are limitations regarding activity performance, this has to be indicated (e.g. limitations in performing the construction activity: right of performing public works, limitation of validity of the document, exemption of specific works, etc.). Limitation regarding public works performance in the state of establishment of the foreign person obliges the foreign person to deliver a declaration that it shall not perform public works in the Republic of Croatia.

5.2. – **insurance of the foreign person** against liability for the damage it may incur to the investor or other persons by performing the tasks or activity (evidence is a valid insurance contract or policy signed by the insuree and the insurer).

5.3. – **representation of a foreign person** by a legal representative or plenipotentiary pursuant to the provisions of Art. 32, 33, 36 and 37 of the General Administrative Procedure Act (Official Gazette 47/09).

1. **Data for administrative fee payment Ministarstvo graditeljstva i prostornoga uređenja**

20 HRK for administrative fees - proof of payment:

Recipient: State budget of the Republic of Croatia

IBAN: HR1210010051863000160

Model (Payment code): HR 64

Credit authorisation number: 5002-47061- payer's PIN

Description of payment: administrative fee

**IMPORTANT NOTE**

* The completed form shall be signed by his/her own hand by the responsible person of the foreign person with the right of representation as resulting from the submitted document. The form shall be accompanied by an administrative fee per heading 4. of the Administrative Fees Tariffs of the Administrative Fees Act (Official Gazette 115/16), in the form of duty stamps or evidence of payment.
* The translation into Croatian is mandatory for all enclosures, whereas the enclosures referred to in item 5.1. and 5.2. shall be verified by a translator (name and surname, signature by translator’s own hand, date of translation).
* An authorised foreign person that performs the activity of physical planning, designing and/or professional construction supervision or design audit in the Republic of Croatia shall fulfil the requirements prescribed by Art. 61 of the Act on Tasks and Activities of Physical Planning and Building (Official Gazette 78/15, 118/18 and 110/19).
* The Ministry may also request additional clarifications from the applicant.
* The Ministry shall issue the Certificate within 30 days from an orderly submitted declaration.

**MANNER OF SUBMITTING THE DECLARATION WITH ENCLOSURES**

|  |  |
| --- | --- |
| 1. **By mail to the address:** | Ministry of Construction and Physical Planning  Ulica Republike Austrije 20  10000 Zagreb  Republika Hrvatska |
| 2. **By e-mail:**  - all documents shall be in **\*.pdf** format | • [prostorno.uredjenje.suglasnosti@mgipu.hr](mailto:prostorno.uredjenje.suglasnosti@mgipu.hr) for the performance of the activity of physical planning.  • [strani.izvodaci@mgipu.hr](mailto:strani.izvodaci@mgipu.hr) for the performance of the activity of designing and/or professional construction supervision or design audit. |