**QUESTIONNAIRE TO THE CANDIDATE FOR A MEMBER OF THE MANAGEMENT BOARD OF A CREDIT UNION**

*(Information provided in this Questionnaire is considered as business secret of the Croatian National Bank.)*

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| **1 FIRM NAME AND HEAD OFFICE OF THE CREDIT UNION** |  |
| **2 CANDIDATE PERSONAL INFORMATION** |  |
| **a) Name and surname, father's name** |  |
| **b) Domicile, personal identity card number and date of issue** |  |
| **c) Date and place of birth** |  |
| **d) Citizenship** |  |
| **e) Telephone number at work** |  |
| **f) Telefax number at work** |  |
| **g) E-mail address** |  |
| **h) Personal identification number (OIB)** |  |
| **3 EDUCATIONAL BACKGROUND*****(Please list in chronological order all educational levels completed, years of completion, duration of study and academic titles received.)*** |  |
| **4 PROFESSIONAL TRAINING*****(Please list in chronological order all forms of professional training received, name of the training, organisers and duration.)*** |  |
| **5 WORK EXPERIENCE*****(Please list in chronological order all employers and positions held up to date, specifying the duration of each employment.)*** |  |
| **6 If you are a member of a credit union, indicate the percentage of initial capital of the credit union held by you or persons connected with you within the meaning of Article 4 of the Credit Unions Act.** |  |
| **7 Do you or persons connected with you within the meaning of Article 4 of the Credit Unions Act, have any financial relationships with a credit union (loans, guarantees, etc.)? Please specify details.** |  |
| **8 Are you a member of the management board or supervisory board or a procurator of another credit union or undertaking?****Please specify details.** |  |
| **9 Have financial or credit institutions, undertakings or institutions wherein you performed management functions (acting as the chairperson or a member of the management or supervisory board, manager, director or procurator) or wherein you in any other way participated in the formulation and implementation of business policy) encountered financial difficulties which resulted in the initiation of resolution or bankruptcy proceedings in those institutions? Please specify details.** |  |
| **10 Have you been convicted by a judgement with final force and effect of a crime:****– against values protected by international law;****– against the payment system and the security of its operations;** **– relating to the authenticity of documents;****-– relating to breaches of official duties;****– relating to disclosure of a state secret;****– relating to concealing the illicit origin of money; – relating to money laundering, or****– relating to terrorist financing;****If your answer is "yes", please specify details.** |  |
| **11 Have the financial institutions, credit institutions or other legal persons wherein you performed management functions (acting as the chairperson or a member of the management or supervisory board, manager, director or procurator) or in any other way participated in the formulation and implementation of business policy, been subject to remedial measures, or has their authorisation been revoked by the competent supervisory authority or have they been subject to the opening of bankruptcy proceedings? If your answer is "yes", please specify details.** |  |
| **12 Have the responsible government authorities established any major irregularity in the operation of or serious infringements of laws regulating the operation of financial or credit institutions or other legal persons in the credit institutions, financial institutions or other legal persons wherein you performed management functions (acting as the chairperson or a member of the management or supervisory board, manager, director or procurator) or in any other way participated in the formulation or implementation of business policy? If your answer is "yes", please specify details.** |  |
| **13 Has your professional competence ever been assessed by an authority responsible for the supervision of financial or credit institutions or other legal persons? Have you ever been refused or revoked approval/authorisation for the performance of management functions or activities in the said area of operation by any of the abovementioned authorities? If your answer is "yes", please specify details.** |  |
| **14 Has a safety measure been imposed on you prohibiting you from pursuing the occupation that is included, in full or in part, in the scope of activity of the business of a credit union? If your answer is "yes", please specify details.** |  |
| **15 Are you, on the date of completion of this Questionnaire, in default on any financial obligations? If your answer is "yes", please specify details.** |  |
| **16 According to your opinion, are there any other facts or circumstances that could by reasonable judgment be considered important for the assessment of your suitability to perform the function of a member of the management board of a credit union (e.g. any facts and circumstances related to your professional qualifications, possible financial difficulties or conflicts of interests)? Please specify details.** |  |

I confirm that all the answers are true and complete to the best of my knowledge and that I did not withhold any piece of information that may affect the decision of the Croatian National Bank.

I undertake to immediately notify the Croatian National Bank of any changes that may have a significant effect on granting approval for the appointment of a member of the management board of a credit union.

Place and date: Signature of the candidate:

*Note:*

*The completed form should be printed out, signed and scanned and attached to the e-form.*