**CROATIAN NATIONAL BANK**

**Prudential Regulation and Supervision Area**

**Trg hrvatskih velikana 3**

**10000 Zagreb**

**APPLICATION FOR APPROVAL FOR A MEMBER OF THE MANAGEMENT BOARD OF A CREDIT UNION**

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| **No.** | **Information to be provided with the application for authorisation** | **EXPLANATION**  **(list the requested data or indicate the number of the annex in which they can be found)** |
| 1 | **Name and head office of the credit union to which the application relates** |  |
| 2 | **Name, curriculum vitae, address, telephone number and e-mail address of the candidate for a member of the management board of a credit union** | *provide information on the candidate* |  |
| 3 | **Name of the person authorised for contact in connection with the application and telephone and fax numbers and e-mail address of that person** | *provide information on the contact person in connection with the processing of the application for the purpose of delivery of additional information and documents or possible explanations* |
| 4 | **Proof of the candidate's professional qualification** | *provide a certified copy of certificate of a completed secondary school education or a certified copy of a completed university degree diploma[[1]](#footnote-1)* |
| 5 | **Proof of the candidate's work experience** | *provide proof of work experience issued by employer* |
| 6 | **Candidate's curriculum vitae** | *provide completed Questionnaire to the candidate for a member of the management board of the credit union* |  |
| 7 | **Work programme with projections of financial statements (balance sheet, profit and loss account) for the proposed term of office** | *provide a work programme with a detailed description of the manner of execution of individual activities with projections of the balance sheet and profit and loss account for the proposed term of office* |

The applicant hereby declares that all the data and information provided with the application are accurate and complete and that he/she will inform the Croatian National Bank without delay of any change which might affect the approval decision.

Place and date:

Name and signature of the authorised person:

*Note:*

*The signed form should be printed out, signed, scanned and enclosed with the e-form.*

1. In the case of reappointment of a person that has already performed the function of a member of the management board of a credit union, no proof of the candidate's professional qualification is required. [↑](#footnote-ref-1)