**CROATIAN NATIONAL BANK**

**Prudential Regulation and Supervision Area**

**Trg hrvatskih velikana 3**

**10000 Zagreb**

**APPLICATION FOR AUTHORISATION OF THE GENERAL OPERATING CONDITIONS OF A HOUSING SAVINGS BANK**

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| **No.** | **Information to be included in the application for authorisation of the general operating conditions of a housing savings bank**  | **EXPLANATION****(list the requested data or indicate the number of the annex in which they can be found)** |
| 1 | **Firm and head office of the housing savings bank**  |  |
| 2 | **Name and function of the person that will represent the housing savings bank in the process of taking a decision on the application** | *if the applicant has authorised another person for representation, provide a power of attorney in the form of an original or a certified copy*  |  |
| 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** |  |
| 4 | **A description of the actions already taken by the applicant before submitting the application**  | *indicate all preparatory activities conducted before the application was submitted* |
| 5 | **General operating conditions of a housing savings bank and amendments thereto** | *provide a draft of the general operating conditions or draft amendments with visible amendments and the consolidated text of the general operating conditions* |
| 6  | **Explanation of the reasons for amendments to the general operating conditions** | *describe proposed amendments to the general operating conditions*  |
| 7 | **Explanation of the objectives to be achieved by amendments to the general operating conditions** | *explain the reasons which led to amendments to the general operating conditions and the objectives to be achieved by the amendments*  |
| 8 | **Estimated cost of amendments to the general operating conditions** | *indicate whether amendments to the general operating conditions will generate costs and indicate the amount of these costs*  |

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 authorisation decision.

Place and date:

Name and signature of the authorised person:

*Note:*

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