# APPLICATION FOR THE EXCHANGE OF KUNA CASH (TO BE COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS AT THE BOTTOM OF THE FORM)

**Application by post:**

**HRVATSKA NARODNA BANKA**

**Trg hrvatskih velikana 3, p. p. 859, 10002 Zagreb**

**Direkcija za pohranu, obradu i opskrbu gotovim novcem**

**I CASH SUBMITTED FOR EXCHANGE:**

Damaged  Stained

**II DATA ON THE APPLICANT**

in his/her own name

as a proxy or legal representative

|  |  |  |
| --- | --- | --- |
| **NATURAL PERSON** |  | **LEGAL PERSON** |
| Name and surname: Click or touch here to enter text. |  | Name of legal person: Click or touch here to enter text. |
| Personal identification number (OIB): Click or touch here to enter text. |  | Head office of legal person (street and number, city and country): Click or touch here to enter text. |
| Residence (street and number, city, country):  Click or touch here to enter text. |  | Personal identification number (OIB): Click or touch here to enter text. |
| Name and number of the identification document and the issuing country: Click or touch here to enter text. |  |

|  |
| --- |
| **PROXY OR LEGAL REPRESENTATIVE** |
| Name and surname: Click or touch here to enter text. |
| Personal identification number (OIB)[[1]](#footnote-1): Click or touch here to enter text. |
| Residence (street and number, city, country): Click or touch here to enter text. |
| Name and number of the identification document, the issuing country: Click or touch here to enter text. |
| Legal basis for representation (please enclose proof):  Power of attorney  Representation under law |

**CONTACT DETAILS**

|  |
| --- |
| Phone number: Click or touch here to enter text. |
| E-mail address (if any): Click or touch here to enter text. |

**III CASH SPECIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| BANKNOTES | DENOMINATION | NUMBER OF PIECES | VALUE |
| 1000 | Please enter. | Please enter. |
| 500 | Please enter. | Please enter. |
| 200 | Please enter. | Please enter. |
| 100 | Please enter. | Please enter. |
| 50 | Please enter. | Please enter. |
| 20 | Please enter. | Please enter. |
| 10 | Please enter. | Please enter. |
| 5 | Please enter. | Please enter. |
| COINS | 25 | Please enter. | Please enter. |
| 5 | Please enter. | Please enter. |
| 2 | Please enter. | Please enter. |
| 1 | Please enter. | Please enter. |
| 0.50 | Please enter. | Please enter. |
| 0.20 | Please enter. | Please enter. |
| 0.10 | Please enter. | Please enter. |
| 0.05 | Please enter. | Please enter. |
| 0.02 | Please enter. | Please enter. |
| 0.01 | Please enter. | Please enter. |
| TOTAL VALUE: | | | Please enter. |

**IV DETAILS OF DAMAGE/STAINING**

**WHAT CAUSED THE DAMAGE? (To be completed regardless of the type of banknote submitted for exchange)**

Click or touch here to enter text.

**WHAT HAPPENED TO THE MISSING PARTS? (To be completed only if pieces of cash are missing.)**

Click or touch here to enter text.

**IS THE SOILING HARMFUL FOR HUMAN HEALTH? (To be completed for soiled cash only.)**

NO  YES

**HAVE BANKNOTES BEEN STAINED BY AN ELECTROCHEMICAL PROTECTION DEVICE?**

**(To be completed for stained banknotes only.)**

NO  YES

Click or touch here to enter text.

**IS THE INK HARMFUL FOR HUMAN HEALTH? (To be completed for stained banknotes only.)**

NO  YES

The security and technical sheet of the ink must be enclosed.

**V** **PREFERRED MANNER OF EXCHANGE:**

I hereby agree to receive the exchanged euro amount, which is the equivalent value of the exchanged kuna amount (amount less than HRK 15,000.00), as follows:

at the cash desk of the Croatian National Bank; or

delivered by postal services to the address specified in this application.

**VI ATTACHMENT(S):**

Proof of authorisation for representation or power of attorney if cash is presented for exchange through a legal representative or a proxy

Confirmation of the competent institution proving the occurrence of the event that caused the damage or staining/proof supporting the allegations from the bearer’s statement on the manner in which the damage occurred

Health and safety assessment by competent authorities on the type of spoiling

Security and technical sheet of the ink (for banknotes damaged as a result of electrochemical protection)

**NOTES:**

If the submitted kuna cash meets the conditions for exchange, the amount to be paid out is converted to the euro by applying the fixed conversion rate of EUR 1 = HRK 7.53450.

In accordance with the decision governing the exchange of kuna cash, the Croatian National Bank will not exchange the received kuna cash in the amount equal to or exceeding HRK 15,000.00, which has been submitted through a postal service. The Croatian National Bank will hold it until the bearer approaches the Croatian National Bank in person, about which the bearer will be notified to the contact details specified in this Application.

The Croatian National Bank establishes whether the conditions for the exchange are met no later than within 60 (sixty) days of the date when cash has been submitted for exchange in the manner and in accordance with all the conditions prescribed by the decision governing the exchange of kuna cash.

**Date:** Click or touch here to enter text.

**Signature of the applicant Signature of the person receiving the**  **application**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this Application, the applicant confirms that the entered data are accurate and complete and that the attachments have been submitted as specified in the Application.*

### TO BE COMPLETED BY THE CNB – CURRENCY AREA

Received for processing by: Click or touch here to enter text.

Date of receipt of the application: Click or touch here to enter text.

Processing reg. No./Transaction No.: Click or touch here to enter text.

Exchanged

Temporarily held for analysis

Returned to the applicant (conditions for the exchange are not met)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE(S):**

Click or touch here to enter text.

**APPLICATION PROCESSED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS FOR THE COMPLETION OF THE APPLICATION FOR THE EXCHANGE OF KUNA CASH**

This form of the **APPLICATION FOR THE EXCHANGE OF KUNA CASH** is deemed to be complete if all requested data are entered and if it is accompanied with all the documents listed under “Attachment(s)".

**I CASH SUBMITTED FOR EXCHANGE** – tick one of the types of cash (enter sign “X”)

**II DATA ON THE APPLICANT**

The applicant submitting kuna for exchange in his/her own name enters his/her personal data in the table for the APPLICANT (NATURAL PERSON) and CONTACT DETAILS.

The proxy or legal person submitting kuna for exchange on behalf of a natural or legal person enters the following:

(a) data on the natural or legal person represented in the table for the APPLICANT (NATURAL OR LEGAL PERSON – respectively); and

(b) personal data in the table for the LEGAL REPRESENTATIVE OR PROXY and his/her CONTACT DETAILS.

If a natural person submitting the application or a proxy/legal representative does not have an OIB (e.g., a foreign national) he/she enters the place, date and year of birth in the field foreseen for the entry of the OIB in the table for the APPLICANT (NATURAL PERSON), that is, in the table for the LEGAL REPRESENTATIVE OR PROXY.

**III CASH SPECIFICATION:** For each relevant denomination, indicate the number of banknotes/coins submitted for exchange.

* NUMBER OF PIECES – for each denomination (nominal value), indicate the number of pieces
* VALUE – total nominal value by denomination
* TOTAL VALUE – total value of submitted banknotes/coins.

**IV DETAILS OF DAMAGE/STAINING**

**What caused the damage/staining?** Short description of actions/events that preceded the damage/staining of cash.

**What happened to the missing parts?** Short description of actions/events that preceded the loss of parts of the damaged cash.

**Is the soiling harmful for human health?** If the answer is YES, the CNB might subsequently request a health and safety assessment by competent authorities on the type of spoiling.

**Have banknotes been stained by an electrochemical protection device?** If the answer is YES, please indicate the type of the device (the cash transfer/transport container, anti-theft device or some of other types of electrochemical protection) and model of the device (name of the device).

**Is the ink harmful for human health?** If the answer is YES, the packaging must clearly indicate that the ink is harmful for human health. The security and technical sheet of the ink must be provided as information on the characteristics of the ink.

**V PREFERRED MANNER OF EXCHANGE:**

Tick one of the offered manners of exchange:

* at the cash desk of the Croatian National Bank (enter sign X)
* via postal services to the address specified in this Application (enter sign X).

**VI ATTACHMENT(S):**

* a copy of the confirmation of the competent institution on the event that caused the damage (where applicable), for example: a written confirmation issued by the competent institution, for instance, the Ministry of the Interior of the Republic of Croatia (hereinafter referred to as 'MUP RC'), proving the occurrence of an event of force majeure, which has caused the destruction of the missing parts of the kuna banknote or a written statement of the bearer about the manner in which the banknote has been damaged and proof supporting the allegations in the statement;
* a copy of the confirmation of the competent institution on the event that caused the staining (where applicable), for example: a written confirmation of the MUP RC on the event that caused the damage and a security and technical sheet of the ink from the electrochemical security system of the device by which the kuna banknote was stained or a record, statement or other documents that can prove that the damage occurred due to a technical malfunction of a security container or improper handling of a security container and the security and technical sheet of the ink from the electrochemical security system of the device by which the kuna banknote was stained;
* a certificate of the health and safety assessment of the type of damage by the competent authorities (where applicable);
* proof of the authorisation for representation if cash is submitted for exchange through a legal representative or proxy (e.g., the power of attorney, birth certificate/excerpt from the register of births/decision on custody, decision issued by another competent authority, a copy of the excerpt from the court or another appropriate register for a foreign legal person, etc.). In case of representation based on a power of attorney, if the power of attorney has not been authenticated by a notary public, the proxy should enclose a copy of the personal identification document of the legal representative with the power of attorney.

**Date:** date of application completion

**Signature of the applicant:**

* handwritten signature of the applicant – legal person: to be signed by the person authorised for representation, individually or collectively, in accordance with the authorisation entered in the court register or by a proxy
* handwritten signature of the applicant – natural person: to be signed in his/her own name or as a legal representative or proxy.

The Application signed by a qualified electronic signature is considered a handwritten signature in accordance with Article 25 of the eIDAS Regulation.

**Notification on personal data processing**

The Croatian National Bank processes personal data collected in this form for the purpose of exercising its official authority to replace cash in accordance with the Act on the Introduction of the Euro as the Official Currency in the Republic of Croatia and subordinate legislation adopted on the basis of the Act, as well as for the purpose of preventing money laundering in compliance with the Act on the Prevention of Money Laundering and Terrorist Financing and other applicable regulations. The Croatian National Bank will not additionally process personal data in the manner that is not in compliance with these purposes.

The Croatian National Bank shall process the personal data in the form in accordance with the specified purposes, for a period during which the processing of such data is necessary to achieve the purpose for which the data were collected, and no longer than the period specified in the internal bylaw governing the processing and protection of the archival and registration material of the Croatian National Bank.

Your personal data (in case a counterfeit is identified or suspicion that another criminal offence in relation to cash has been committed) may be forwarded to the State Attorney’s Office of the Republic of Croatia, the Ministry of the Interior of the Republic of Croatia and the courts for the purpose of detecting and prosecuting the perpetrators of criminal offences, and to the Anti-Money Laundering Office in relation to money laundering and terrorism financing, all in accordance with applicable regulations.

We hereby notify you that you have the right of access to your personal data (right to be informed on which data, why and in what way they are processed by the Croatian National Bank, to whom the data are disclosed and for how long they are stored), the right of rectification, the right of erasure and the right of restriction of the processing your personal data. The forms prepared in order to facilitate the exercise of these rights may be downloaded from the Croatian National Bank website (link: <https://www.hnb.hr/en/protection-of-personal-data>).

For any questions and information regarding the exercise of your rights to the protection of personal data that are collected at the replacement of cash, please contact the Croatian National Bank personal data protection at the following e-mail address: [sluzbenik.osobni@hnb.hr](mailto:sluzbenik.osobni@hnb.hr).

The supervisory authority for the protection of personal data in the Republic of Croatia is the [Croatian Personal Data Protection Agency](https://azop.hr/kontakt/) (AZOP). Please not that you can submit a complaint about Croatian National Bank actions concerning the processing of your personal data to the Agency’s e-mail address: [azop@azop.hr](mailto:azop@azop.hr).

1. If the person authorised for representation does not have an OIB (e.g., a foreign national), please enter the place, date and year of birth. [↑](#footnote-ref-1)