

**APPLICATION FOR THE DETERMINATION AND ASSIGNMENT  
OF THE PERSONAL IDENTIFICATION NUMBER (OIB)**

**1. NATURAL PERSON**

**MASTER** \_\_\_\_\_

**CITIZEN NUMBER**

**(MBG)**

1.1. General data			
<b>Name</b>		<b>Surname</b>	
<b>Sex</b>		<b>Maiden surname</b>	
<b>Date of birth</b>		<b>Place of birth</b>	
<b>State of birth</b>		<b>Citizenship</b>	
<b>Residential address</b>			

1.2. Identification document data					
<b>ID card number</b>		<b>Valid until</b>			
<b>Passport number</b>		<b>Valid until</b>		<b>Country of issue</b>	
<b>European ID card no.</b>		<b>Valid until</b>		<b>Country of issue</b>	
<b>ID document of the state of citizenship</b>		<b>Valid until</b>		<b>Country of issue</b>	

1.3. Parent's data		
	<b>Father</b>	<b>Mother</b>
<b>OIB (PIN)</b>		
<b>MBG (Master citizen number)</b>		
<b>Name</b>		
<b>Surname</b>		
<b>Maiden surname</b>		

**2. LEGAL ENTITY**

**Registration** \_\_\_\_\_

**number (MB)**

2.1. General data	
<b>Name</b>	
<b>Short name</b>	
<b>Translation</b>	
<b>Type of legal entity</b>	
<b>Legal form</b>	
<b>Registered office address</b>	
<b>Place and state of establishment</b>	
<b>Registration date</b>	

3. List of documents attached

Date of certificate submission \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Official's signature

## INSTRUCTIONS FOR FILLING OUT THE APPLICATION FORM

1. This form is submitted for the determination and assignment of the personal identification number.
2. The form shall be submitted to the competent local Tax Administration office. The competent local Tax Administration office is the office of the Tax Administration competent according to the residential address of the Croatian citizen or according to the registered office address of the legal entity in the Republic of Croatia. The competent local Tax Administration office for foreign persons or Croatian citizens not residing in the Republic of Croatia, shall be the Tax Administration office competent according to the location where the reasons for monitoring first arose. If local competence cannot be established, the form shall be submitted to the Tax Administration – Branch office in Zagreb.
3. The form shall be submitted by the applicant or their legal representative, who is requesting the determination and assignment of the personal identification number, and shall be personally signed (the Applicant's signature).
4. Natural persons - Croatian citizens and foreign natural persons fill out items 1 and 3 of the form, whereas legal entities with registered office on and outside the territory of the Republic of Croatia fill out items 2 and 3 of the form.
5. Under item **1. Natural person**, please enter the Master Citizen Number (MBG).
6. Under item **1.1. General data**, please enter the following: name, surname, sex (male/female), maiden surname, date of birth (day, month, year), place of birth, state of birth, citizenship, residential address (state, city/municipality, town, street and number).
7. Under item **1.2. Identification document data**, please enter:
  - for Croatian citizens: ID card number, valid until
  - for foreign natural persons: passport number, valid until, and country of issue; if the person holds no passport, they shall enter their European Identity Card number, valid until and country of issue or the number of the identification document issued by their state of citizenship, valid until, country of issue and proof of citizenship
8. Under item **1.3. Parent's data**, please enter: OIB (PIN), MBG (Master Citizen Number), name and surname, maiden surname.
9. Information under items 5. - 8. are entered providing that such information is available for the applicant.
10. Under item **2. Legal entity**, please enter the registration number (MB).
11. Under item **2.1. General data**, please enter: legal entity name and short name, translation, type of legal entity, legal form – if applicable (company - limited liability company, joint stock company, limited partnership, general partnership), registered office address (state, city/municipality, town, street and number), place and state of establishment, registration date.
12. Under item **3. List of documents attached**, please list all copies of the documents which are attached to the form.
13. The official shall fill in the date on which the Certificate was submitted and sign the form.