# APPLICATION FOR THE ANALYSIS AND REPLACEMENT OF CASH

The Croatian National Bank replaces kuna banknotes whose status of a legal means of payment has expired in accordance with decisions of the Croatian National Bank prior to the introduction of the euro, stained kuna and euro banknotes and coins, as well as extremely damaged kuna cash and damaged euro cash.

As of 1 January 2024, the Croatian National Bank performs the replacement of all kuna banknotes and coins for euro.

|  |
| --- |
|  **Application in person: Application by post:**  HRVATSKA NARODNA BANKA HRVATSKA NARODNA BANKA  Trg hrvatskih velikana 3, Zagreb Trg hrvatskih velikana 3, post box 859, 10002 Zagreb Phone: +385 1 4564 515 Currency Area info: www.hnb.hr |

**REASON FOR THE APPLICATION**

[ ]  Damage [ ]  Staining [ ]  Invalid before 1 January 2023\*

\* Banknotes invalid before 1 January 2023 are as follows: 5, 10, 20, 50, 100 and 200 kuna banknotes bearing the issue date of 31 October 1993 and 10 kuna banknotes bearing the issue date of 15 January 1995.

**TYPE OF CASH:** [ ]  Banknote [ ]  Coin

**CURRENCY:** [ ]  EUR [ ]  HRK

**DATA ON THE APPLICANT:**

**NATURAL PERSON LEGAL PERSON**

Name of institution/firm: Click or touch here to enter text.

Legal form of institution/firm:
Click or touch here to enter text.

Head office of institution/firm:
Click or touch here to enter text.

Post office:
Click or touch here to enter text.

Place, municipality/city, country:
Click or touch here to enter text.

Phone or mobile phone number:
Click or touch here to enter text.

OIB:
Click or touch here to enter text.

E-mail address:
Click or touch here to enter text.

Name and surname:
Click or touch here to enter text.

Street and street number:
Click or touch here to enter text.

Post office:
Click or touch here to enter text.

Place, municipality/city, country:
Click or touch here to enter text.

Date of birth:
Click or touch here to enter text.

Phone or mobile phone number:
Click or touch here to enter text.

OIB:
Click or touch here to enter text.

E-mail address:
Click or touch here to enter text.

Identification document:

Click or touch here to enter text.

**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. |

**WHAT CAUSED THE DAMAGE? (Applicable only for damaged or stained banknotes.)**

Click or touch here to enter text.

**WHAT HAPPENED TO THE MISSING PARTS? (Applicable only if parts of cash are missing.)**

Click or touch here to enter text.

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

**(Applicable only for stained banknotes.)**

[ ] NO [ ]  YES

Click or touch here to enter text.

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

[ ] NO [ ]  YES

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

**ATTACHMENT:**

[ ]  Confirmation of the competent institution proving the occurrence of the event that caused the damage/staining

[ ]  Power of attorney granted to the person authorised to represent the applicant institution/firm (identification document holder)

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

[ ]  IBAN certificate (if the amount submitted for replacement is equal to or higher than HRK 7,534.50 or EUR 1,000.00)

[ ]  Copy of identification document (for amounts equal to or higher than HRK 7,534.50 or EUR 1,000.00)

**DATA ON THE ACCOUNT TO WHICH PAYMENT IS TO BE MADE:**

IBAN (International Bank Account Number) of the applicant:
Click or touch here to enter text.

BIC (Business Identifier Code):
Click or touch here to enter text.

Name and head office of the bank:
Click or touch here to enter text.

If the amount submitted for replacement is lower than HRK 7,534.50 or EUR 1,000.00, I hereby agree to receive the replaced amount in euro as follows:

[ ]  by payment to the account specified in this application

[ ]  at the cash desk of the Croatian National Bank

[ ]  by insured mail to the address specified in this application.

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

By signing this application the applicant assumes responsibility for the accuracy of given data and confirms that all data in the application are true.

By signing this application the applicant submitting the application by mail agrees that the Croatian National Bank may invite them to its premises in order to establish and verify their identity as the applicant submitting this application.

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

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

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### 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 date.

Reg. No. of processing Click or touch here to enter text.

[ ]  Replaced

[ ]  Temporarily held for analysis

[ ]  Returned to the applicant (conditions for the replacement are not met)

[ ]  Other

**NOTE:**

Click or touch here to enter text.

**APPLICATION PROCESSED BY:**

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

#### INSTRUCTIONS FOR THE COMPLETION OF THE APPLICATION FOR THE ANALYSIS AND REPLACEMENT OF CASH

This form of the **APPLICATION FOR THE ANALYSIS AND REPLACEMENT OF CASH** shall be deemed valid if all requested data are entered and if it is accompanied with all the documents listed under "Attachment".

**Description of the cash submitted for analysis and replacement:**

* REASON FOR THE APPLICATION – indicate the reason for the application (enter sign “X”)
* TYPE OF CASH – indicate the type of cash for analysis (enter sign “X”)
* CURRENCY – indicate the currency (enter sign “X”)

**Data on the applicant – natural persons:**

* name and surname of the applicant
* domicile address (street, street number, post office, place, municipality/city)
* country (for applicants who are not nationals of the Republic of Croatia)
* date of birth
* phone/mobile phone number
* OIB (personal identification number)
* e-mail address (not required)
* identification document – type of identification document (identity card or passport) and number

**Data on the applicant – institutions / firms**

* name of institution/firm
* head office of institution/firm (street, street number, post office, place, municipality/city)
* legal form of institution/firm (e.g. legal person with public authorities, registered craft business, limited liability company, simple limited liability company, family farm)
* country (if the institution/firm is not registered in the Republic of Croatia)
* phone/mobile phone number
* OIB (personal identification number)
* e-mail address
* name and surname of the natural person who submits the application in the name of the institution/firm and provides their personal data in the section “Data on the applicant – natural persons”

**Cash specification:** For each relevant denomination, indicate the number of banknotes/coins submitted for analysis

* 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

**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

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

**Attachment:**

* copy of the confirmation of the competent institution proving the occurrence of the event that caused the damage/staining (where applicable)
* power of attorney granted to the person authorised to represent the applicant institution/firm (identification document holder) – required for stained banknotes and/or amounts equal to or higher than HRK 75,345.00 or EUR 10,000. If the application is not signed by the person authorised to represent the applicant, the Croatian National Bank may request the power of attorney granted to the person submitting the application signed by the person authorised to represent the institution/firm.
* security and technical sheet of the ink (for banknotes damaged as a result of electrochemical protection)
* IBAN certificate for the account to which payment is to be made issued by the credit institution with which the applicant – natural person has an open account or with which the legal person in the name and for the account of which the application is submitted has an open account (for amounts equal to or higher than HRK 7,534.50 or EUR 1,000.00)

**Data on the account to which payment is to be made:** It is necessary to provide data on the account or select one of the ways to carry out the replacement if the amount submitted for replacement is lower than HRK 7,534.50 or EUR 1,000.00.

Applicant – natural person must be a holder of the account to which payment is to be made. Where the applicant is a legal person, account holder must be the institution/firm in whose name the authorised person submits the application.

For amounts lower than HRK 7,534.50 or EUR 1,000.00, choose one of the offered ways to carry out the replacement:

* payment to the account specified in this application (enter sign “X”)
* at the cash desk of the Croatian National Bank (enter sign “X”)
* insured mail to the address specified in this application (enter sign “X”)

**Date:** date of application completion

**Signature:** handwritten signature of the applicant

The Croatian National Bank processes personal data collected in this form for the purpose of exercising its official authority to analyse and replace cash in accordance with the Act on the Croatian National Bank and the Act on the Introduction of the Euro as the Official Currency in the Republic of Croatia.

The provision of requested personal data is necessary for Croatian National Bank acting on your application.

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

Your personal data (if forgery is detected) may be forwarded to the law enforcement authorities (Ministry of the Interior, State Attorney’s Office) and courts for the purpose of detecting and prosecuting the perpetrators of criminal offences in accordance with applicable regulations.

We hereby notify you that you have the right of access to your personal data (right to be informed of which data, why and in what way are processed by the Croatian National Bank, to whom the data are disclosed and for how long are they stored), the right of rectification, the right of erasure of personal data and the right of restriction of processing of 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/zastita-osobnih-podataka>).

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), Zagreb, Selska cesta 136. Please note that you can lodge a complaint about Croatian National Bank actions concerning the processing of your personal data with the Croatian Personal Data Protection Agency.

For any questions and information regarding the exercise of your rights to the protection of personal data in the application, please contact by e-mail the Croatian National Bank personal data protection officer at:sluzbenik.osobni@hnb.hr.