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

**CROATIAN NATIONAL BANK**

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

**Currency Area**

*To exercise the right to exchange, postal services may be used for sending euro cash to the Croatian National Bank in an amount less than EUR 1,000.00.*

*Where the cash received via postal services equals or exceeds EUR 1,000.00, the Croatian National Bank will not exchange it but shall keep it and notify the sender thereof.*

*An applicant intending to exchange euro cash in an amount equalling or exceeding EUR 5,000.00 or to exchange 1,000 or more pieces of coins shall announce the arrival of euro cash and the amount to be exchanged to the email address:* [*blagajna@hnb.hr*](mailto:blagajna@hnb.hr)*.*

**I EURO CASH SUBMITTED FOR EXCHANGE**

Damage  Staining

**II DATA ON THE APPLICANT***Fields marked with an asterisk \* are mandatory.*

In own name  As a proxy of legal representative

|  |  |  |  |
| --- | --- | --- | --- |
| **NATURAL PERSON** |  | **LEGAL PERSON** | |
| Name and surname\*: |  | Name of legal person (from court or other competent register)\*: Click or touch here to enter text. | |
| Personal identification number (if the natural person has no OIB, enter day, month and year of birth)\*:  Click or touch here to enter text. |  | Head office of legal person (street and number, city, country)\*: Click or touch here to enter text. | |
| Residence (street and number, city, country)\*:  Click or touch here to enter text. |  | Activity of legal person: Click or touch here to enter text. | |
| Name and number of identification document (personal identification card or passport) and country of issue: Click or touch here to enter text. |  | Personal identification number\*: Click or touch here to enter text. | |
| Citizenship: Click or touch here to enter text. |  |
| Profession:  Click or touch here to enter text. |  |
|  | | |
| **PROXY OR LEGAL REPRESENTATIVE** | | |
| Name and surname\*: Click or touch here to enter text. | | |
| Personal identification number (if the natural person has no OIB, enter day, month and year of birth)\*: Click or touch here to enter text. | | |
| Residence (street and number, city, country): Click or touch here to enter text. | | |
| Name and number of identification document, country of issue: Click or touch here to enter text. | | |
| Legal basis for representation (please enclose proof)\*:  Power of attorney  Representation under law | | |

**CONTACT INFORMATION**

|  |
| --- |
| Telephone number\*: Click or touch here to enter text. |
| Email address (if any)\*: Click or touch here to enter text. |

**III EURO CASH SPECIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| BANKNOTES | DENOMINATION | NUMBER OF PIECES | VALUE |
| 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 | 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 DATA ON THE SOURCE OF EURO CASH SUBMITTED FOR EXCHANGE**

Click or touch here to enter text.

**V DETAILS OF DAMAGE/STAINING****\***

**WHAT CAUSED THE DAMAGE/STAINING? (Explain in detail irrespective of the type of euro cash submitted for exchange.)**

Click or touch here to enter text.

**WHAT HAPPENED TO THE MISSING PARTS OF THE BANKNOTE? (To be completed only if parts of banknotes 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 safety data sheet of the ink must be enclosed.

**VI** **PREFERRED MANNER OF EXCHANGE[[1]](#footnote-1) (If the amount of exchanged banknotes and/or coins is less than EUR 1,000.00, one of the following manners of exchange may be used.)**

I hereby agree to have the exchanged euro banknotes and/or coins:

paid out at the cash desk of the Croatian National Bank,

delivered by postal services to the address specified in this Application, or

paid into account (indicate IBAN, BIC, name and head office of the applicant bank):

IBAN ( *International Bank Account Number*

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.

**VII ATTACHMENT(S)**

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

Documentation proving the source of funds

Certificate 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 soiling

Safety data sheet of the ink (for banknotes damaged as a result of electrochemical protection)

**Notes:**

*The Croatian National Bank will determine if the conditions for the exchange are met no later than within 60 (sixty) days of the date when euro cash has been submitted for exchange.*

*The Croatian National Bank will carry out the analysis of euro cash determining the quantity, amount and denomination structure of euro cash submitted for exchange under this Application in the absence of the applicant. The information on the quantity, amount and denomination structure of euro cash obtained by analysis may deviate from the information provided in the Application by the applicant.*

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

**Signature of the applicant Signature of the person receiving the Application**

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

*By signing this Application, the applicant confirms that the entered data is accurate and complete and that the attachments have been submitted in compliance with the Application.*

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

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

Date of receipt of the Application: Click or touch here to enter date.

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:**

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

### Results of the technical analysis (if euro cash has been temporarily held for analysis)

**Technical analysis carried out by**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

Data marked with an asterisk \* are mandatory.

1. **EURO CASH SUBMITTED FOR EXCHANGE:** Tick one of the types of cash (enter sign “X”).
2. **DATA ON THE APPLICANT**

The applicant submitting euro cash for exchange in own name enters own personal data in the table for the APPLICANT (NATURAL OR LEGAL PERSON) and CONTACT DETAILS.

The proxy or legal representative submitting euro cash 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 PROXY OR LEGAL REPRESENTATIVE and own CONTACT DETAILS.

If a natural person submitting the Application or a proxy/legal representative has no OIB (e.g., a foreign national) he/she enters the date and year of birth in the field foreseen for the entry of the OIB in the table for the APPLICANT (NATURAL PERSON) and in the table for the PROXY OR LEGAL REPRESENTATIVE, respectively.

1. **EURO CASH SPECIFICATION:** For each relevant denomination, indicate the number of euro banknotes/coins submitted for analysis:

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

1. **DATA ON THE SOURCE OF EURO CASH SUBMITTED FOR EXCHANGE:** Indicate how the applicant came into possession of euro cash submitted for exchange.
2. **DETAILS OF DAMAGE/STAINING**\*

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

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

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

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

Banknotes must be submitted dry and packed in a plastic security bag with a clear indication that the bag contains a banknote stained by electrochemical protection.

**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 safety data sheet of the ink must be provided as information on the characteristics of the ink.

1. **PREFERRED MANNER OF EXCHANGE:** Tick one of the offered manners of exchange **if the amount of exchanged banknotes/coins is less than EUR 1,000.00:**

* 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”)
* payment into account (enter sign “X”, indicating IBAN, BIC, name and head office of the applicant’s bank).

Persons handling cash and submitting for exchange banknotes damaged as a result of electrochemical protection or in other way damaged as evidenced by an official document of the Ministry of the Interior, can only select payment into account, specifying the applicant’s account data.

1. **ATTACHMENT(S)**

* A proof of the authorisation for representation if cash is submitted for exchange through a legal representative or proxy (e.g., 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 domestic and foreign legal person, etc.). In case of representation based on a power of attorney, the signature of the principal on the power of attorney need not be notarized if the power of attorney is submitted in original.
* The documentation proving the source of funds is mandatory when EUR 10,000.00 or more are submitted for exchange and in case where it is suspected that the threshold value of EUR 10,000.00 might be reached, as well as in other cases where applicable.
* A copy of the certificate issued by the competent institution on the event that caused the damage (where applicable), for example: a written certificate issued by a competent institution such as the Ministry of the Interior of the Republic of Croatia (hereinafter referred to as: “MUP RH”), proving the occurrence of the event of force majeure that has caused the destruction of the missing parts of the euro 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 certificate of the health and safety assessment of the type of damage by the competent authorities (where applicable);
* A copy of the certificate issued by the competent authority on the event that caused the staining (where applicable): for example, a written certificate of the MUP RH on the event that caused the damage or a report, statement or other documents proving that the damage is due to a technical malfunction of the security container or improper handling of the security container and the safety data sheet of the ink in the electrochemical protection system security container that has stained the euro banknote.

**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 other appropriate register or by a proxy of the person authorised for representation based on the presented power of attorney.
* Handwritten signature of the applicant – natural person: to be signed in his/her own name or by 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 euro cash in accordance with Regulation (EU) No 1210/2010 concerning authentication of euro coins and handling of euro coins unfit for circulation and Decision ECB/2013/10 on the denominations, specifications, reproduction, exchange and withdrawal of euro banknotes (recast) as last amended by Decision ECB/2020/60 and the Decision on the control of authenticity and fitness checking of euro cash (Official Gazette 150/2024) 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 will process the personal data provided 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 it is suspected 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 to 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](https://www.hnb.hr/zastita-osobnih-podataka)).

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 note 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. Persons handling cash and submitting for exchange banknotes damaged as a result of electrochemical protection or in other way damaged as evidenced by an official document of the Ministry of the Interior, may receive the exchanged cash only by payment into account. [↑](#footnote-ref-1)