



FOLLOW THE IRON AGE DANUBE ROUTE
PROTECT OUR COMMON HERITAGE

All IADR Association's regular membership fees
are available at the discounted rate of 20%
until the end of 2021.

MEMBERSHIP APPLICATION FORM FOR THE IRON AGE DANUBE ROUTE ASSOCIATION

Name of the organization

Address

Type of the organization

Membership Type

Date

Signature

ORGANISATION TYPE	ANNUAL MEMBERSHIP FEES			
	REGULAR MEMBERS		ASSOCIATED MEMBERS ¹	
	A countries ²	B countries ³	A countries	B countries
Monument protection institutions and museums	500 eur	350 eur	250 eur	175 eur
Municipalities	500 eur	350 eur	250 eur	175 eur
Non-governmental local initiatives (NGOs)	200 eur	100 eur	100 eur	50 eur
National and Nature parks	500 eur	350 eur	250 eur	175eur
Research organisations	500 eur	350 eur	250 eur	175 eur
Small and medium-sized enterprises (SMEs)	200 eur	100 eur	100 eur	50 eur
Tourism stakeholders	200 eur	100 eur	100 eur	50 eur
State and regional administration	500 eur	350 eur	250 eur	175 eur

¹ All members have the right to participate in all activities of the Association, in all areas of its work, in order to achieve the goals of the Association. All members have the right to express their opinions, proposals and criticisms, have access to all documents and decisions of the Association, propose new programs, projects and activities of the Association and be informed about the activities of the Association. Members may terminate their membership at any time. Regular members have the right to elect and be elected into bodies of the Association (Art. 12 of the IADR Association Satute).

² A countries - Andorra, Aruba, Australia, Austria, Belgium, Bermuda, Brunei Darussalam, Canada, Cayman Islands, Channel Islands, Denmark, Finland, France, Germany, Hong Kong SAR (China), Iceland, Ireland, Isle of Man, Israel, Italy, Japan, Korea Rep., Kuwait, Liechtenstein, Luxembourg, Macao SAR (China), Monaco, Netherlands, New Caledonia, New Zealand, Norway, Puerto Rico, Qatar, Singapore, Saint-Maarten (Dutch part), Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom, United States, Vatican City.

³ B countries - any other country not listed in A category.



DOCUMENTATION NECESSARY

FOR THE DETERMINATION AND ASSIGNMENT OF PIN (OIB)

FOREIGN LEGAL ENTITY

1) Request for the determination and assignment of PIN (OIB) ([Annex 1](#)).

2) Deed of Establishment (decision or registry excerpt from the competent court, in the Croatian language or translated into the Croatian language by a certified court interpreter).

3) The Power of Attorney for the procedure of determination and assignment of PIN.

Since Croatian is the official language of the Republic of Croatia, the power of attorney shall be drawn up in the Croatian language or translated into the Croatian language. The Power of attorney will be kept at the competent Tax Administration office and shall be certified by a notary public only in exceptional cases, if there is doubt of its credibility. If the power of attorney was issued to a notary public, attorney, body established under public law, or bank, the certification of the power of attorney is not necessary. If the Application is submitted by a natural person for a foreign person, the certification of the power of attorney is necessary. In order to facilitate the process, for the IADR Association candidate members PIN request will be submitted by the Archaeological Museum in Zagreb (a body established by public law) based on the power of attorney given to it by the candidate organisation ([Annex 2](#))

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

1. NATURAL PERSON

MASTER _____

CITIZEN NUMBER
(MBG)

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

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

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

2. LEGAL ENTITY

Registration _____

number (MB)

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

3. List of documents attached	

Applicant's signature

Date of certificate submission _____

Official's signature

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.

To facilitate matters the form will be submitted by the Archaeological Museum in Zagreb, authorized through the Power of Attorney (Annex 2).

PUNOMOĆ

_____ (enter name of your legal entity in your language), zastupan po _____ (name of the director), ovlašćuje Arheološki muzej u Zagrebu, OIB: 79157146686, Trg Nikole Šubića Zrinskog 19, da zastupa gore navedenu pravnu osobu u postupku određivanja i dodjeljivanja OIB-a. Ova punomoć ovlašćuje Arheološki muzej u Zagrebu da u _____ (name of the legal entity) poduzima sve radnje u postupku ishoda OIB-a te se u druge svrhe ne može koristiti.

POWER OF ATTORNEY (English translation)

_____ (enter name of your legal entity in your language), _____ (name of the director), authorizes Archaeological Museum in Zagreb, OIB: 79157146686, Trg Nikole Šubića Zrinskog 19, for the procedure of determination and assignment of PIN (OIB).

This power of attorney authorizes the Archaeological Museum in Zagreb to take all actions in the process of obtaining the OIB in the name _____ name of the legal entity) and cannot be used for other purposes.

Datum / Date

Potpis i pečat / Signature & stamp