

Annex 1.: Request form for the study visit/international cooperation with the CHU

Name of institution (applicant) Adress
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REPUBLIC OF CROATIA  
MINISTRY OF FINANCE  
DIRECTORATE FOR FINANCIAL MANAGEMENT,  
INTERNAL AUDIT AND SUPERVISION  
Katančičeva 5, 10000 Zagreb

**REQUEST FOR STUDY VISIT/INTERNATIONAL COOPERATION  
TO THE CENTRAL HARMONIZATIONAL UNIT WITHIN THE  
MINISTRY OF FINANCE OF THE REPUBLIC OF CROATIA**

Explanation of need for study visit or for other form of international cooperation	
Explanation of reason for choosing the CHU for study visit/international cooperation	
Topics which are of interest for participants of study visit/international cooperation (including elaboration of topics and explanation of the reason for choosing it)	1. 2. 3. ....
Target group of participants	
Number of participants	
Proposed date of visit (elaborate the plan of visit)*	
Contact-person and a e-mail address	

**Note:** expenses of travel, local transportation, accommodation and food are borne by the interested party, as the expenses of translation from Croatian language to English or to official language of interested party.

Place and date
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Name of responsible person and signature
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\*Proposed date of visit can not be earlier than 30 work days starting from the day of submitting the request