CROATIAN STATE ARCHIVES
21 Marko Marulić Square
Zagreb, Croatia

Registration no.:

RESEARCHERS' READING ROOM APPLICATION FORM

ID card no.:

NAME _____ SURNAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

PERMANENT ADDRESS: DRŽAVA _____ CITY _____ STREET AND NUMBER _____

NATIONALITY _____ ID/PASSPORT NUMBER _____

TEMPORARY ADDRESS IN ZAGREB _____ TELEPHONE / E-MAIL _____

VOCATION _____

RESEARCH PURPOSE:

PRIVATE ☐ OFFICIAL ☐ DISSERTATION ☐ DEGREE ☐ OTHER ☐

→ PTO

RIGHTS AND OBLIGATIONS STATEMENT

1. I hereby confirm that I am familiar with terms and conditions of using archival records, as well as with rights and obligations of users of records as specified by the Archives and Archival Institutions Act (*Narodne novine* no. 61/18, 98/19, 114/22, 36/24), Criminal Code (*Narodne novine* no. 125/11, 144/12, 56/15, 61/15, 101/17, 118/18, 126/19 84/21, 114/22, 114/23, 36/24); Ordinance on Using Public Archival Records (*Narodne novine* no. 121/19) and Ordinance on the Work of the Croatian State Archives' Reading Rooms. I pledge to uphold the rules and limitations prescribed by these provisions.

2. I confirm that I am familiar with the fact that by researching and using archival records it is possible to gain access to personal data or other information unavailable to the public i.e. whose publication or gaining access by unauthorized persons could infringe rights or interests of third parties, including copyright and other related rights, as well as other rights and values guaranteed by the law. I pledge to use the records or copies of records to which I have gained access and the data they contain in accordance with the applicable archival provisions and provisions on the protection of personal data and that I will not use them in a way that might infringe the rights or interests of third parties or public interests.

3. I am familiar with the fact that the Croatian State Archives does not accept any responsibility for the damage that may occur for the third parties as the consequence of using the records, their copies or data from the records by the records' user. I pledge under material and criminal liability that should the infringement of rights or interests of third parties occur due to the publication or enabling access to data to unauthorized individuals I myself will have the sole responsibility towards the third parties and will not in any way call in the question the fact that the Croatian State Archives is free from any responsibility for such infringement of rights or interests of third parties.

4. I pledge to handle the archival records given to me for use with care and will make sure not to damage or misplace them or harm their integrity in any way.

5. CONSENT – I also confirm with my signature that I am familiar with the *Statement of the Croatian State Archives on the Protection of Personal Data* and I hereby give my consent to the Croatian State Archives to use my personal data from this form solely for the registers of use of archival and library records in its Reading Room. The Croatian State Archive pledges to protect users' personal data in accordance with the provisions of the General Regulation on the Protection of Personal Data, Act on the Implementation of the General Regulation on the Protection of Personal Data, the CSA's Ordinance on the Protection of Personal data and other provisions that concern the issue of personal data protection.

_____ _____

USER'S SIGNATURE DATE

_____ _____

USE APPROVED BY DATE