تاریخ ۱۲۹۶/۰۵/۳۱ شماره، ۴۳/۴۷۳/س پیوست _{ندارد}



اتوماسيون ادارى

باسمه تعالى

رؤساى محترم تشكلهاي وابستهبه اتاق ايران

با سلام،

رجوع نمايند.

احتراماً به استحضار می رساند طبق اطلاع معاونت محترم بین الملل اتاق ایران، در نظر است هیأتی به سرپرستی جناب آقای مهندس شافعی ریاست محترم اتاق ایران، در فاصله زمانی ۲۹ الی ۳۱ شهریور ماه سال جاری به کشور کرواسی اعزام شود. با عنایت به زمان سفر، خواهشمند است دستور فرمائید مراتب به نحو مقتضی به اعضاء محترم اطلاع رسانی گردد. در ضمن علاقمندان می توانند جهت کسب اطلاعات بیشتر در این خصوص و شرایط همراهی هیأت با معاونت بین الملل اتاق ایران تماس یا به تارنمای اتاق ایران، بخش اطلاعیه ها و رویدادها مراجعه نموده و یا جهت ثبت نام به لینک زیر

http://chambertrust.ir/index.php?option=com rsform&formId=37

نادر سیف سرپرست معاونت تشکلها تاریخ ۱۲۹۶/۰۵/۱۶ شماره ۱۸۷/۸۴۵۴ پیوست _{دارد} ا تاق بازرگانی، صنایع، معادن و کشاورزی ایران Iran Chamber of Commerce, Industries, Mines & Agriculture

اتوماسيون ادارى

باسمه تعالى

جناب آقای زمانی

معاون محترم امور استانها

جناب آقای سیف

سريرست محترم امور تشكلها

با سلام

احتراماً، به استحضار می رساند هیاتی به سرپرستی جناب آقای شافعی رییس محترم اتاق ایران از تاریخ ۲۹ لغایت ۳۱ شهریور ماه سالجاری به کشور کرواسی اعزام خواهد شد. خواهشمند است نسبت به اطلاع رسانی رویداد مذکور به شرح زیر به تشکلها و اتاق های شهرستانها اقدام لازم بعمل آورند

محمدرضا كرباسي

به اطلاع می رساند اتاق ایران در نظر دارد هیاتی را به سرپرستی ریاست محترم اتاق ایران به کشور کرواسی در تاریخ ۲۹ لغایت ۳۱ شهریور ماه سالجاری اعزام نماید. از علاقمندانی که در زمینه های ذیل فعالیت دارند دعوت بعمل می آورد از طریق لینک http://chambertrust.ir/index.php?option=com_rsform&formId=37. ثبت نام نمایند. تاریخ ۱۲۹۶/۰۵/۱۶ شماره ۱۷۷/۸۴۵۴ پیوست _{دارد}



اتوماسيون ادارى

زمینه های فعالیت مورد نیاز: گردشگری، کشتی سازی، صنایع غذایی، صنایع چوب، انرژی، پتروشیمی، صنایع دارویی و پزشکی، بانک و بیمه، ICT، ساختمان، صنایع ریلی و خودرو

مدارك لازم جهت ثبت نام:

۱- واریز مبلغ علی الحساب ۷۵٬۰۰۰٬۰۰۰ ریال به حساب شماره ۱۰۵۹۹۴۱۰۳۰۰ بانک ملی شعبه خشایار بنام اتاق
 بازرگانی ایران (هزینه سفر شامل پرواز اکونومی اقامت، ترانسفر و سمینار می باشد)

- برای پرواز بیزنس مبلغ ۵۵٬۰۰۰٬۰۰۰ ریال به مبلغ مذکور اضافه خواهد شد.
- برای افرادی که عضو اتاق نیستند ۱۵درصد به مبالغ مذکور افزوده خواهد شد.

٢- يک قطعه عکس+ تصوير گذرنامه

۳- تکمیل فرم ویزای سفارت کرواسی در لینک ثبت نام (افرادی که دارای ویزای شنگن مکرر و معتبر می باشند نیازی
 به صدور ویزای کرواسی ندارند)

زمان ثبت نام تا پایان مرداد ماه سال جاری می باشد.

Photo



This application form is free

Surname(s) / Family name(s) (x)	
2. Surname(s) at birth (x)	
3. First name(s) (x)	
4. Date of birth (day-month-year)	5. P birth
8. Sex Male	9. Marital status Single Married Sep Divorced Widow(er) Other (please specify)
10. If the application is lodged by a legal guardian: surname(s), name(s), address (if different from applicant's) and nationality of a legal guardian	
11. National identity number (where applicable)	
12. Type of travel document Ordinary passport Diplomatic passport Service passport Special passport Other travel document (please specify)	
13. Number of travel document	
17. Applicant's home address, e-mail address	0
18. Residence in a country other than the country of current nationality No Yes. Residence permit or equivalent No Valid until	-0
*19. Current occupation	
•20. Employer and employer's address and telephone number. For students, name and address of education	nal establishment (*)
21. Main purpose of travel	
Tourism Business Visiting friends/family Cultural Sports Official visit Medical reasons Study Transit Airport transit Other (please specify)	

				Topos a
22. Country of final destination				23. E of firs
				entry
24. Number of entry requested				25. Dura
Single entry Two entries Multiple entries				of the
	,			stay
26. Visa(s) issued during past three years				
□No				
Yes. Country and validity:				
Country	Valid from		until Country	
Valid from until Country		V alid from	until	
27. Fingerprints collected previously for the purp	ose of visa annlication			
□ No	Yes. Date (if know	m)		
28. Entry permit for the final country of destination		,		
	alid from	until		
29. Intended date of arrival in the Republic of				
Croatia				
*31. Surname and first name of the inviting perso	n(s) in the Republic of Cr	oatia. If not applicable	e, name of hotel(s) or te	mporary
accomodation(s) in the Republic of Croatia.	Walk of the Land		Manual Chinyagasa III	1 18 1 (2)(0)
Address and e-mail address from the inviting per temporary accommodation(s)	son(s) / hotel(s) /			
	35 NS Nº WA			
*32. Name and address of inviting company/orga	nisation			
Surname, first name, address, telephone, telefax	and e-mail address of a	contact person in con	npany/organisation	
*33. Cost of travelling and living during the stay is	covered by		re-	
the applicant himself/herself			а	host / compan
			/oi	rganisation (pleas
Means of support	_			ecify) referred to i
☐ Cash	_) jr.	ld 31 / 32
Traveller's cheques	П			other (pleas
Credit card(s)			19900	ecify)
— B				
Prepaid accommodation Prepaid transport			м	
			e	
Other (please specify)			a n	
			s	
			o	
			f	
			S	2000

(*) The fields marked with * shall not be filled in by family members of EU, EEA and CH citizens (spouse, child, or dependent ascendant) while exercising their right of free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields number 34 and 35.

34. Personal data of the family member v	vho is an EU, EEA or CH citizen			
Surname				
Date of birth				Natio ality
35. Family relationship with an EU, EEA	or CH citizen			3/6
□spouse □child	□grandchild	dependent ascendant		
36. Place and date	and persons de legal capacity,		37. Signature (for mir and persons deprived legal capacity, signatu legal guardian)	of
I am aware that the visa fee is not refunded	d if the visa is refused.			- 8
Applicable in case a multiple-entry visa is a	applied for (cf. field No. 24):			=17
I am aware of the need to have an adequa Croatia.	te travel medical insurance for my t	irst stay and any subsequent v	isits to the Republic of	
I am aware of and consent to the following and, if applicable, the taking of fingerpri				

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Republic of Croatia and processed by those authorities, for the purposes of a decision on my visa application.

Such data, as well as data concerning the decision taken on my application or a decision whether to annual, revoke or extend a visa issued will be entered into, and stored in the Visa Information System of the Republic of Croatia (HVIS) for a maximum period of five years. During that time all data will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Republic of Croatia, immigration and asylum authorities in the Republic of Croatia for the purposes of verifying whether the conditions for the legal entry into, stay, and residence on the territory of the Republic of Croatia are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will also be available to designated authorities of the Republic of Croatia and to Europol for the purpose of prevention, detection and investigation of terrorist offences and other serious criminal offences. The authority responsible for processing the data is the Ministry for Foreign and European Affairs of the Republic of Croatia.

I am aware that I have the right to obtain notification of the data relating to me recorded in the HVIS and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check, correct or delete if inaccurate or illegally processed, any personal data concerning me in HVIS, as well as of the legal remedies according to the law. Claims concerning personal data protection are dealt by the Croatian Personal Data Protection Agency (Martićeva 14, 10 000 Zagreb, Croatia, phone: 00385 1 460 9000, fax: 00385 1 460 9099, e-mail: azop@azop.hr).

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted, and may also render me liable to prosecution under the law of the Republic of Croatia.

I undertake to leave the territory of the Republic of Croatia before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the Republic of Croatia. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of the Aliens Act of the Republic of Croatia (Official Gazette, No. 130/11) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the territory of the Republic of Croatia.

Place and date

Signature (for minors and persons deprived of legal capacity, signature of a legal guardian)