***Form 2***

***NOTIFICATION OF CHANGE OF SUBMITTED POSTING DECLARATION***

This notification mustbe submitted **at latest 3 working days after the data change,** by electronic means, to the following e- mail address: [**postingdeclaration.inspektorat@mrms.hr**](mailto:postingdeclaration.inspektorat@mrms.hr)

The employer must indicate the date of the submission of the Posting Declaration or Notification being changed.

***SUBMITTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*employer's name*

I notify the change/s of data in the Posting Declaration submitted on ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Date of submission (dd/mm/yyyy)*

*Please select and mark with “X” the data change being notified*

|  |  |
| --- | --- |
| 1. Data of the service provider *-* employer posting workers |  |
| 1. Data of authorized person/s representing service provider towards third parties |  |
| 1. Data of a contact person keeping relevant documentation in Croatia during the posting period in Croatia |  |
| 1. The location in Croatia where documents of posted workers will be kept |  |
| 1. 5. Data of domestic authorized recipient in Croatia |  |
| 1. Place of providing services |  |
| 1. Posting situation information – duration |  |
| 1. Data of posted workers |  |

1. **CHANGE OF DATA OF THE SERVICE PROVIDER - EMPLOYER**

***Name***

|  |  |
| --- | --- |
| *Before change* |  |
| *New data (after change)* |  |

***Address***

|  |  |
| --- | --- |
| *Before change* |  |
| *New address (after change)* |  |

***Contact details of the employer***

|  |  |
| --- | --- |
| *Before change* |  |
| *New data (after change)* |  |

**2**. **CHANGE OF DATA OF THE AUTHORIZED PERSON/S REPRESENTING THE EMPLOYER TOWARDS THIRD PARTIES**

1. Authorized person/s representing employer- service provider towards third parties remains the same, but his/her contact data has been changed

***e- mail address/Telephone number***

|  |  |
| --- | --- |
| *New data (after change)* |  |

***Domicile***

|  |  |
| --- | --- |
| *New address (after change)* |  |

1. Notifying a new person/s representing employer-service provider towards third parties (replacing previously authorized person)

|  |  |
| --- | --- |
| *Name and surname*  *of a representative no longer authorized (before change)* |  |

***Data of a new person/s representing employer-service provider towards third parties***

|  |  |
| --- | --- |
| *Name and surname* |  |
| *ID Card or Passport No. or other identification number (e.g. social security number)* |  |
| *Date and place of birth (dd/mm/yyyy)* |  |
| *Telephone number and*  *e-mail address* |  |

***Domicile***

|  |  |
| --- | --- |
| *Street and number* |  |
| *Postal code* |  |
| *Town/City* |  |
| *Country* |  |

**3. CHANGE OF DATA OF A CONTACT PERSON KEEPING RELEVANT DOCUMENTATION IN CROATIA DURING THE POSTING PERIOD**

*(Article 86, paragraph 13, Foreigners Act)*

**A)** Authorized person remains the same, but his/her address or contact data has been changed

***New address***

|  |  |
| --- | --- |
| *Street and number* |  |
| *Postal Code* |  |
| *Town/City* |  |
| *Telephone number* |  |
| *e- mail address* |  |

**B)** Notifying **a new authorized** person for keeping relevant documentation in Croatia during the posting period(replacing previously designated )

|  |  |
| --- | --- |
| *Name and surname of a contact person no longer authorized (before the change)* |  |

***Data of a new contact person authorized for keeping relevant documentation in Croatia during the posting period***

|  |  |
| --- | --- |
| *Name and surname* |  |
| *Date and place of birth (dd/mm/yyyy)* |  |
| *ID document (ID Card or Passport No.)* |  |

***Address***

|  |  |
| --- | --- |
| *Street and number* |  |
| *Postal Code* |  |
| *Town/City* |  |
| *Telephone number* |  |
| *e- mail address* |  |

**4. CHANGE OF DATA OF THE LOCATION IN CROATIA WHERE DOCUMENTS OF POSTED WORKERS ARE TO BE KEPT**

|  |  |
| --- | --- |
| *Location before change* |  |

***New location in Croatia, clearly identified:***

***Address in Croatia***

|  |  |
| --- | --- |
| *Location name*  *(e.g. company name, name and surname of a natural person)* |  |
| *Street and number* |  |
| *Postal Code* |  |
| *Town/City* |  |

**5. CHANGE OF DATA OF DOMESTIC AUTHORIZED RECIPIENT IN CROATIA**

*(Article 86, paragraph 14, Foreigners Act)*

(a person, staying in Croatia, authorized by the service provider/employer to act on his/her behalf, to accept on her/his account the service of any document and/or notices to be served on the employer, as well as to send out documents on behalf of the employer)

**A)** Authorized person remains the same, but his/her address or contact data has been changed

***New address in Croatia***

|  |  |
| --- | --- |
| *Street and number* |  |
| *Postal Code* |  |
| *Town/City* |  |
| *Telephone number* |  |
| *e- mail address* |  |

**B)** Notifying a new authorized person to accept the service of any document and/or notices to be served on the employer, as well as to send out documents on behalf of the employer(replacing previously designated person) *(Article 86, paragraph 14, Foreigners Act)*

|  |  |
| --- | --- |
| *Name and surname and the address of the domestic authorized recipient before the change* |  |

***Data of a new contact person authorized to accept the service of any document and/or notices to be served on the employer, as well as to send out documents on behalf of the employer (Article 86, paragraph 14, Foreigners Act)***

|  |  |
| --- | --- |
| *Name and surname* |  |
| *Date and place of birth (dd/mm/yyyy)* |  |
| *ID document (ID card or Passport No.)* |  |

***Address***

|  |  |
| --- | --- |
| *Street and number* |  |
| *Postal Code* |  |
| *Town/City* |  |
| *Telephone/Fax number* |  |
| *e- mail address* |  |

**6. CHANGE OF THE POSTING DURATION**

|  |  |
| --- | --- |
| *Envisaged date of commencement and completion of the posting of workers to Croatia before the change* | *From:*  *To:* |

***New posting period***

|  |  |
| --- | --- |
| *New envisaged date of commencement of the posting of workers to Croatia* | *From:* |
| *New foreseen completion date of the posting of workers to Croatia* | *To:* |

**7. CHANGE OF DATA OF POSTED WORKERS**

**(***e.g. change of data of already reported posted worker in the submitted Posting Declaration, removing the posted worker from the list, or adding a new posted worker)*

**REMARK:** In case of the notification of the **any** change regarding the posted worker data, a new updated posted workers list must be submitted

*NEW UPDATED POSTED WORKERS LIST*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***POSTED WORKER*** | | | | |
| *Name and surname* | | *Date and place of birth*  *(dd/mm/yyyy)* | *ID Card or Passport No.* | *State of employment* |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

|  |
| --- |
| **Please provide following data if of the posted workers listed above, one or more workers are third-country nationals legally employed, holding a work permit in the country of the employer's establishment:** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Posted worker - THIRD -COUNTRY NATIONAL, legally employed and working with a work permit in the State in which the employer- service provider is established :* | | | |
| *Name and surname* | | *Date of issue, term of validity of the* ***WORK permit,*** *competent body that issued the work permit* | *Competent body that issued the valid* ***STAY permit*** *in the State in which the foreign employer is established* |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

|  |
| --- |
| **STATEMENTS**  I hereby declare and by my signature guarantee that all data given in this Declaration and any subsequently notified change, are true and correct, as well as that any change of data referred to in this Posting declaration will be duly notified, at latest three (3) working days after the change occurred.  I hereby declare and by my signature guarantee that the person in the Republic of Croatia designated and indicated as a person to liaise with the competent authorities (domestic authorized recipient) is authorized to receive and send out documents and/or notices, for my account and on my behalf as the employer, and that he/she shall take receipt of any document to be served on me and that the authorized recipient will immediately forward served documents/notices to me, as the employer.  I hereby declare and by my signature guarantee that the designated and authorized contact person for cooperation with inspecting and other authorities shall during the posting period, keep or make available and/or retain copies, in paper or electronic form, relevant documents and provide all neccessary information.  I hereby declare and by my signature guarantee that posted workers who are third country nationals (non- EEA and Switzerland) are legally employed according to the regulations of the State of my establishment. |

|  |  |
| --- | --- |
| *Date of submission (dd/mm/yyyy)* |  |

|  |  |
| --- | --- |
| *Name and surname of the authorised person* |  |
| *Signature of the authorised person* |  |

**Form 2**