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| 1. **TERMS AND CONDITIONS** |
| An authorized representative may be the responsible person, or another person authorized to sign and apply for the issuance of an identification card of any kind issued by the International Zagreb Airport Jsc.  The responsible person of the Company appoints the authorized representative. The company may appoint one or more authorized representatives. The number of authorized representatives should be limited to a minimum.  The authorized representative must undergo training for the representative at the time of appointment and at each change of regulations related to the issuance of identification cards. The authorized representative submits a request for the issuance of identification cards for all employees on behalf of the company.  International Zagreb Airport Jsc. shall keep a list of authorized representatives to identify the signature of the authorized representative. The responsible person of the company must notify the International Zagreb Airport Jsc. in writing of any change of persons appointed as the authorized representative.  The authorized representative is responsible for:   * knowledge of the requirements for the issuance of identification cards * knowledge of the procedure for the issuance of identification cards * the accuracy and completeness of the request and/or other documentation required for the issuance of the identification cards * compliance with the deadlines for submitting requests for the issuance of identification cards * follow up problems that may arise * instant reporting of lost or stolen ID cards * changes in access rights of persons.   International Zagreb Airport Jsc. may request the deletion of the authorized representative who is conscienceless and negligent in the performance of his duties.  The Company submits the original of this Request to the Office for Issuing Identification Cards of the International Zagreb Airport Jsc. |

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| 1. **INFORMATION ABOUT THE EMPLOYER** | | |
| Company |  | |
| E-mail address |  | |
| Contact |  | |
| I confirm that I have read the Terms and Conditions set forth in this Request. | |  |
| Place and date |  | |
| Responsible person |  | |
| Signature and stamp |  | |

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| 1. **LIST OF AUTHORIZED SIGNATORIES[[1]](#footnote-1)** | |
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| 1. **LIST OF AUTHORIZED REPRESENTATIVES[[2]](#footnote-2)** | |
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| Name and surname:  E-mail:  Telephone number:  Mobile phone: |  |
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1. Person(s) authorized to sign. [↑](#footnote-ref-1)
2. Person(s) authorized to contact the Office for issuing identification cards. [↑](#footnote-ref-2)