



Republika e Kosovës
Republika Kosova – Republic of Kosovo

PERSONNEL SECURITY QUESTIONNAIRE

Security Clearance Level for accessing classified information

Confidential

☐

Secret

☐

Top Secret

☐

Reference number:

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PLEASE READ THESE CLARIFICATIONS BEFORE COMPLETING THE QUESTIONNAIRE

This security questionnaire requires you to provide personal, family and financial information about your past. At the end of this questionnaire there is a statement and an authorization where by signing it you certify that the information given in this questionnaire is correct and authorize the Verification Authority to verify your past in all official national or international registers regarding your financial and criminal past.

Explanation: Add a copy of the ID / Passport to this questionnaire.

How to complete this questionnaire:

The information you provide will be electronically scanned, so please write within the boxes. Do not mark or delete any other part of the questionnaire. If you filling it by hand, please write in **blue pen and capital letters**.

Write only one letter in a square and leave a blank space between names/ words. If the answer takes up more space than the space provided, then please provide your response on page 20 of this questionnaire. If you make a mistake, please don't correct it, just shade the square.

1. PERSONAL IDENTIFICATION DATA

Name (including previous names)

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Father's name

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Surname (at birth)

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Surname (including previous surnames)

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Date of birth

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Place of birth

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Personal number	<input type="text"/>
Identification number (ID)	<input type="text"/> I <input type="text"/> D <input type="text"/>
Passport number	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current citizenship (not ethnicity)	<input type="text"/>
Citizenship at birth, if other	<input type="text"/>
State of birth	<input type="text"/>
Dual citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, state the country:	<input type="text"/>
Albanian	<input type="checkbox"/>
Ashkali	<input type="checkbox"/>
Bosniak	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Gorani	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Egyptian	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Other	<input type="checkbox"/>
Other - Please specify below	<input type="text"/>
Your profession	<input type="text"/>

2. INFORMATION ON CIVIL STATUS

a. Indicate your civil status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>
	Cohabiting <input type="checkbox"/>	Divorced <input type="checkbox"/>
		Widow/er <input type="checkbox"/>
If married, enter date of marriage:	<input type="text"/>	<input type="text"/>

3. INFORMATION ON THE SPOUSE OR CIVIL PARTNER

a. Do you have a spouse or do you live with someone?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Please enter the details of each person with whom you are married or cohabiting</i>	
Name (including previous names)	<input type="text"/>
Father's name	<input type="text"/>
Surname (at birth)	<input type="text"/>
Surname (including previous surnames)	<input type="text"/>

Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Personal number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Identification number (ID)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current citizenship (<i>not ethnicity</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Citizenship at birth, if other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
State of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dual citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If Yes, state the country:</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Enter your ethnicity:	<div style="display: flex; justify-content: space-between;"> <div>Albanian <input type="checkbox"/></div> <div>Turkish <input type="checkbox"/></div> <div>Bosniak <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Serbian <input type="checkbox"/></div> <div>Ashkali <input type="checkbox"/></div> <div>Roma <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Egyptian <input type="checkbox"/></div> <div>Gorani <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> </div>
<i>Other - Please specify below</i>	
Profession of the spouse - civil partner	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current job / Position - Function	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Institution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Monthly salary	€ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Office phone number	Mobile phone number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. INFORMATION ON THE FORMER SPOUSE OR CIVIL PARTNER

Have you been married or have you cohabited before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, enter the details</i>	
Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname (at birth - former)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
The reason for separation (<i>e.g.: divorce, etc.</i>)	
Date/month/year	

5. FAMILY INFORMATION

a. Do you have children?

☐ YES

☐ NO

If YES, how many?

Information on children

Date of birth

b. Information on the father

Name

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Surname

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Surname (at birth - former)

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Date of birth

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Place of birth

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Personal number

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Country of residence

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If deceased, enter the date of death

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c. Information on the mother

Name

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Surname

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Surname (at birth - former)

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Date of birth

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Place of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Personal number

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Country of residence

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If deceased, enter the date of death

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d. Information on stepparents, adoptive parents or guardians

Name

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Surname

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Surname (at birth - former)

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Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place of birth

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Personal number

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Country of residence

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If deceased, enter the date of death

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e. Information on siblings

Name

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Surname

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Surname (at birth - former)

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Date of birth

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Place of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Personal number

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Country of residence

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If deceased, enter the date of death

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f. Information on siblings

Name

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Surname

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Surname (at birth - former)

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Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place of birth

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Personal number

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Country of residence

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If deceased, enter the date of death

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g. Information on siblings

Name	<input type="text"/>
Surname	<input type="text"/>
Surname (at birth - former)	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Personal number	<input type="text"/>
Country of residence	<input type="text"/>
If deceased, enter the date of death	<input type="text"/>

h. Information on siblings

Name	<input type="text"/>
Surname	<input type="text"/>
Surname (at birth - former)	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Personal number	<input type="text"/>
Country of residence	<input type="text"/>
If deceased, enter the date of death	<input type="text"/>

i. Information on siblings

Name	<input type="text"/>
Surname	<input type="text"/>
Surname (at birth - former)	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Personal number	<input type="text"/>
Country of residence	<input type="text"/>
If deceased, enter the date of death	<input type="text"/>

j. Information on siblings

Name	<input type="text"/>
Surname	<input type="text"/>
Surname (at birth - former)	<input type="text"/>
Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
Personal number	<input type="text"/>
Country of residence	<input type="text"/>
If deceased, enter the date of death	<input type="text"/>

6. INFORMATION ON PLACE OF RESIDENCE

a. Permanent address

Address and place of residence	<input type="text"/>
Number	<input type="text"/>
Village / City	<input type="text"/>
Country	<input type="text"/>
Postal code	<input type="text"/>

b. Contact information

Phone number	<input type="text"/>
Daytime contact number or mobile phone	<input type="text"/>
E-mail	<input type="text"/>

c. Previous addresses in the last 10 years

Have you lived at any other address other than the address on the questionnaire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you lived outside Kosovo for more than 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you sought asylum in the country you were in?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

7. INFORMATION ON EDUCATION, TRAINING AND SPECIALIZATIONS

a. Primary school

Address and country

Start date (month and year)

End date (month and year)

b. Middle school

Address and country

Start date (month and year)

End date (month and year)

c. Higher Education

Institution

Address and country

Title obtained

Start date (month and year)

End date (month and year)

Institution

Address and country

Title obtained

Start date (month and year)

End date (month and year)

Institution

Address and country

Title obtained

Start date (month and year)

End date (month and year)

d. Trainings and Specializations

Institution

Address and country

Certificate or diploma

Start date (month and year)

	End date (month and year)	<input type="text"/>
Institution	<input type="text"/>	
Address and country	<input type="text"/>	
Certificate or diploma	<input type="text"/>	
	Start date (month and year)	<input type="text"/>
	End date (month and year)	<input type="text"/>
Institution	<input type="text"/>	
Address and country	<input type="text"/>	
Certificate or diploma	<input type="text"/>	
	Start date (month and year)	<input type="text"/>
	End date (month and year)	<input type="text"/>

8. INFORMATION ON CURRENT EMPLOYMENT

Institution	<input type="text"/>
Your employer or direct supervisor	<input type="text"/>
Position - Function	<input type="text"/>
Provide clarification (elected, appointed, civil servant, etc.)	<input type="text"/>
Your rank (scientific, diplomatic, police, military, etc.)	<input type="text"/>
Monthly salary	<input type="text"/>
Direct supervisor's phone number	Mobile phone number
<input type="text"/>	<input type="text"/>

9. INFORMATION ON PREVIOUS WORKS (starting from the last)

a. Institution	<input type="text"/>
Position - Function	<input type="text"/>
Your employer or direct supervisor	<input type="text"/>
Wage	<input type="text"/>
Address	<input type="text"/>
Start date: (month / year) - End date: (month / year)	<input type="text"/> <input type="text"/>

Phone number	<input type="text"/>
Reasons for leaving	<input type="text"/>

b. Institution	<input type="text"/>
Position - Function	<input type="text"/>
Your employer or direct supervisor	<input type="text"/>
Wage	<input type="text"/>
Address	<input type="text"/>
Start date: (month / year) - End date: (month / year)	<input type="text"/>
Phone number	<input type="text"/>
Reasons for leaving	<input type="text"/>

c. Institution	<input type="text"/>
Position - Function	<input type="text"/>
Your employer or direct supervisor	<input type="text"/>
Wage	<input type="text"/>
Address	<input type="text"/>
Start date: (month / year) - End date: (month / year)	<input type="text"/>
Phone number	<input type="text"/>
Reasons for leaving	<input type="text"/>

d. Institution	<input type="text"/>
Position - Function	<input type="text"/>
Your employer or direct supervisor	<input type="text"/>
Wage	<input type="text"/>
Address	<input type="text"/>
Start date: (month / year) - End date: (month / year)	<input type="text"/>
Phone number	<input type="text"/>

Reasons for leaving

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e. Institution

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Position - Function

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Your employer or direct supervisor

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Wage

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Address

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Start date: (month / year) - End date: (month / year)

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Phone number

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Reasons for leaving

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10. DISCIPLINARY INFORMATION

a. Have you received any serious disciplinary measures in the last 5 years?

☐ YES ☐ NO

b. Have you violated the security rules and policies in your organization?

☐ YES ☐ NO

11. HEALTH INFORMATION

a. Have you been or are you addicted to the use of alcohol or narcotic substances?

☐ YES ☐ NO

b. Have you suffered or are you suffering from mental / chronic disorders?

☐ YES ☐ NO

12. INFORMATION ON POLITICAL ACTIVITIES

a. Are you or have you ever been a member of any political party in the last 10 years?

☐ YES ☐ NO

b. Have you had or have you held any position / function in a political party in the last 10 years?

☐ YES ☐ NO

13. INFORMATION ON OTHER ACTIVITIES

a. Are you or have you been a member of any union, sports club, non-governmental organization?

☐ YES ☐ NO

b. Are you or have you been a member of any professional organization, association, foundation?

☐ YES ☐ NO

14. INFORMATION ON SECURITY VERIFICATION

a. Have you obtained a Permit/Certificate of Personnel Security before?

☐ YES ☐ NO

CPS number

CPS level

Date of issue

End date

b. Has your CSP been temporarily revoked or denied?

☐ YES ☐ NO

If Yes, enter date of revocation / refusal

c. Are you involved or engaged in activities that threaten the Independence, Territorial Integrity, Constitutional Order, and Foreign Relations of the Republic of Kosovo (in activities such as Espionage, Terrorism, and Organized Crime)?

☐ YES ☐ NO

d. Have you been or are you a member of any foreign or domestic secret/intelligence/reconnaissance/counterintelligence service?

☐ YES ☐ NO

e. Have you had contact with the secret services of different countries or their employees?

☐ YES ☐ NO

f. Are you or have you been a member of any organization that opposes the constitutional order of the Republic of Kosovo?

☐ YES ☐ NO

15. INFORMATION ON PARTICIPATION IN MILITARY OPERATIONS

a. Have you completed any military service?

☐ YES ☐ NO

b. Have you served in a foreign military or police force?

☐ YES ☐ NO

c. Have you participated in military missions or operations?

☐ YES ☐ NO

16. INFORMATION ON CRIMINAL PAST

a. Have you ever been investigated?

☐ YES ☐ NO

b. Have you ever been arrested or detained?

☐ YES ☐ NO

c. Has a charge or indictment ever been filed against you by the relevant prosecution authority?

☐ YES ☐ NO

d. Have you ever been investigated or convicted for the use of alcohol, illegal drugs, or the abuse of legal drugs?

☐ YES ☐ NO

e. Have you ever been convicted of a criminal offense by any court in the Republic of Kosovo?

☐ YES ☐ NO

- f. Have you been involved in activities or behavior that could seriously cause someone to become a victim of blackmail or coercion? ☐ YES ☐ NO
- g. Have you ever been stopped, arrested or convicted for violations of law outside the country? ☐ YES ☐ NO
- h. Have you ever had any kind of contact with KFOR, UNMIK, EULEX, local law enforcement bodies or any other law enforcement agency outside of the Republic of Kosovo? (such as: being interviewed, stopped or detained, etc.) ☐ YES ☐ NO

17. GENERAL FINANCIAL DATA (income, expenses and savings)

a. Net monthly income:	Yours	Your spouse - your civil partner
Monthly salary	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Additional - secondary salary	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Allowances/ other benefits (e.g.: from diaspora, etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other income (e.g.: from properties, business, etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Any other source of income including from family members	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

b. Your regular monthly expenses and obligations and those of the family:	Shared expenses
The total amount of utility expenses (e.g.: electricity, water, etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Food and clothing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expenses for car and phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Education expenses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payments of credit, loans or debts	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Any other expenses / obligations	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total monthly expenses/obligations	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

c. Your savings and those of the person with whom you are married or cohabiting during the last 5 years:	Yours	Your spouse - your civil partner
Amount	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

d. During the last 5 years, have you or any member of your family received a sum of money over 2,500.00 euros at once?

Amount	Year received	Purpose of payment	Closeness with the person

18. INFORMATION ON REAL ESTATE

b. Submit your and your family's immovable property? (e.g.: land, apartment, house, etc.)

i Property value

[illegible]

Date, month and year acquired

--	--	--	--	--	--	--	--	--	--

Type of property - address

--

Ownership - owner

--

Source of funds?

--

ii **Property value**

[illegible]

Date, month and year acquired

[illegible]

Type of property - address

--

Ownership - owner

--

Source of funds?

--

iii Property value

[illegible]

Date, month and year acquired

--	--	--	--	--	--	--	--	--	--

Type of property - address

--

Ownership - owner

--

Source of funds?

--

iv **Property value**[illegible]

Date, month and year acquired

--	--	--	--	--	--	--	--	--	--

Type of property - address	<input type="text"/>
Ownership - owner	<input type="text"/>
Source of funds?	<input type="text"/>
v Property value	<input type="text"/>
Date, month and year acquired	<input type="text"/>
Type of property - address	<input type="text"/>
Ownership - owner	<input type="text"/>
Source of funds?	<input type="text"/>

19. INFORMATION ON MOVABLE ASSETS

b. Submit your and your family's movable property? (e.g.: car, other motor vehicles, etc.)

i Property value	<input type="text"/>
Date, month and year acquired	<input type="text"/>
Ownership - type of property	<input type="text"/>
Source of funds?	<input type="text"/>
ii Property value	<input type="text"/>
Date, month and year acquired	<input type="text"/>
Ownership - type of property	<input type="text"/>
Source of funds?	<input type="text"/>
iii Property value	<input type="text"/>
Date, month and year acquired	<input type="text"/>
Ownership - type of property	<input type="text"/>
Source of funds?	<input type="text"/>
iv Property value	<input type="text"/>

Date, month and year acquired

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ownership - type of property

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Source of funds?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

v Property value

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date, month and year acquired

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ownership - type of property

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Source of funds?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

20. INFORMATION ON BANK ACCOUNTS

a. How many bank accounts do you have?

In Kosovo

--	--

Outside of Kosovo

--	--

Provide additional details on bank accounts. Please include the current account, joint account, savings account, term deposits, business account, and all those accounts in which you are an authorized signatory.

i Name of the bank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Active

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

Address, City, Country

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ii Name of the bank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Active

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

Address, City, Country

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

iii Name of the bank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Active

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
--------------------------	-----	--------------------------	----

Address, City, Country	
iv Name of the bank	
Account number	
Active	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address, City, Country	
v Name of the bank	
Account number	
Active	<input type="checkbox"/> YES <input type="checkbox"/> NO
Address, City, Country	

21. INFORMATION ON CREDITS, LOANS OR CO-BORROWINGS

a. Provide details of all current / previous credit, loan and co-borrowings (including non-bank loans)

i The amount of the credit / loan / co-borrowing	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Monthly installment	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Remaining balance	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name of institution	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
Purpose	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
ii The amount of the credit / loan / co-borrowing	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Monthly installment	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Remaining balance	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Name of institution	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
Purpose	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
iii The amount of the credit / loan / co-borrowing	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Monthly installment	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Remaining balance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of institution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Purpose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
iv The amount of the credit / loan / co-borrowing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Monthly installment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Remaining balance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of institution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Purpose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
v The amount of the credit / loan / co-borrowing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Monthly installment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Remaining balance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of institution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Purpose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

b. Do you have any outstanding obligations as a guarantor? <i>(If yes, please provide the details)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
i The amount of the credit / loan / co-borrowing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Monthly installment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Remaining balance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of institution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
The person for whom you are a guarantor and your relationship to them		
The purpose of the credit/lo	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ii The amount of the credit / loan / co-borrowing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Monthly installment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Remaining balance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of the creditor / lender	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
The person for whom you are a guarantor and your relationship to them		
The purpose of the credit/lo	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

c. During the last two years, has there ever been a time when you or the person you live with could not pay your debts?

☐

YES

☐

NO

If yes, please provide details:

--

22. INFORMATION ON BUSINESS

a. Do you or any family member have any business interest in any form within or outside the country?

☐

YES

☐

NO

In what capacity are you involved in the business? (*owner, shareholder, etc.*)

Please explain:

--

Name of company

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of business

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Number of the business

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b. Have you been an owner or manager of any business that has gone bankrupt, liquidated, or had an executive order issued in the last 5 years?

☐

YES

☐

NO

If yes, please provide details:

--

c. Would you like to add any other detail or clarification that would help us better understand your financial situation?

☐

YES

☐

NO

If yes, please provide details.

--

23. CONTINUED ANSWERS *(Please enter the number of the question you are answering)*

24. REFERENCES *(They must be persons with whom you do not have a family or marital relationship)***a. First reference**

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country / Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

How many years have you known this person?

--	--

In what capacity do you know this person
(professor, friend, etc.)?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b. Second reference

Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country / Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

How many years have you known this person?

--	--

In what capacity do you know this person
(professor, friend, etc.)?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATEMENT

I declare with full legal and moral responsibility that I have completed this questionnaire out of my free will, without influence from violence, threat or coercion.

I declare with full legal and moral responsibility that all answers, data, and information in this questionnaire are true, complete, and I have not deceived or concealed any data or information that is requested.

I am aware that there will be negative consequences in my verification process if it is discovered or becomes known in any way that I have violated any of the relevant legal provisions and the provisions of this statement.

Name and surname

Date / Month / Year

--	--	--	--	--	--	--	--	--	--

Signature

AUTHORIZATION

The Agency for the Protection of Classified Information (APCI) is authorized to carry out the verification of my past, to secure any Confidential and Non-confidential information from institutions, bodies, former employers, law enforcement agencies, and from any institution or natural and legal person who is able to provide information and data about personal activities.

This authorization includes, but is not limited to, the securing of personal, academic, institutional, health, disciplinary, employment history, criminal history, financial data, property, political activities, other activities, and all information and data related to my life.

The Agency for the Protection of Classified Information (APCI) is authorized to verify personal data and other information from all institutions and bodies within and outside the Republic of Kosovo.

I sign this authorization out of my free will, without influence from violence, threat or coercion.

Name and surname	Personal number	Signature
<div></div>	<div></div>	<div></div>
	Date / Month / Year	
	<div></div>	