



Croatian Checklist for Business Visit

Documents to be submitted		YES	NO
1.	Application Form duly filled in and signed by the applicant (personal appearance is mandatory).		
2.	One recent passport size photograph in colour with white background (3.5cm X 4.5cm) not older than 6 months.		
3.	Passport/Travel document must: <ul style="list-style-type: none"> • Have a validity of at least 3 months after the scheduled return • Have been issued within the previous 10 years • Have 2 blank pages 		
4.	Covering letter – briefly explaining your intention, your occupation, coverage of expenses.		
5.	Letter of invitation from Croatian business partner duly signed and stamped by an authorized person of the business entity.		
6.	-Guarantee Letter from the Inviting Person in Legal Person from Croatia/Croatian Company should be stamped by public notary. -Original of it should be deposited in the Ministry of Foreign Affairs of the Republic of Croatia in Zagreb or enclosed with the application.		
7.	Proof of Accommodation/Prearranged /Hotel reservations		
8.	Overseas travel medical insurance valid for all Schengen countries. The insurance has to cover the applicant for at least 30,000.00 EUR or equivalent, for all risks e.g. accident, illness, medical emergency, evacuate of arrival and departure.		
9.	Valid flight reservations/tickets including return trip.		
10.	Proof of employment (letter from the employer, last 3 salary slips, etc.)		
11.	Financials of the sponsor (if any, proof of solvency) and the applicant (proof of salary, bank statements last 3 months, last 3 years ITR).		
12.	Photocopies must include: <ul style="list-style-type: none"> • Copy of your valid passport pages with personal data (back and front) • Copy of your previous Schengen Visas • Copy of your valid Visas 		
13.	Applicant is informed that the Croatian Embassy, New Delhi reserves the right to request additional documents and/or ask the applicant to come for an interview at any time.		
14.	Letter of intention if not travelled on previous Schengen Visa.		

Remarks by VFS staff –

To be filled by the Applicant:

Place of submission: _____

Date of submission: _____

Signature of the Applicant:

For VFS Staff

Accepted by (Name): _____

Signature and date: _____