



\_\_\_\_\_  
First name and second name

\_\_\_\_\_  
Temporary address during studies

Students identification number (SIN) \_\_\_\_\_

**WRITE IN CAPITAL LETTERS!**

**CERTIFICATE OF ENROLMENT  
SECRETARIAT OF THE FACULTY OF VETERINARY MEDICINE**

I, \_\_\_\_\_ (first and second name), a student  
of \_\_\_\_\_ semester, born on \_\_\_\_\_ (date of birth), in  
\_\_\_\_\_ (city of birth), \_\_\_\_\_ (country of birth),  
demand a certificate in order to apply for:

- |  |                                 |
|--|---------------------------------|
| 1. Child allowance                       | 15. Transcript of records for   |
| 2. Health care                           | _____                           |
| 3. Supplemental health insurance         | 16. Subsidy for the flat rental |
| 4. Family pension                        | 17. Subsidized transport        |
| 5. For personal use                      | 18. Bank services               |
| 6. For parents' tax benefit              | 19. _____                       |
| 7. for a dormitory                       | 20. _____                       |
| 8. For reduced train ticket price        | 21. _____                       |
| 9. For the University's student services | 22. _____                       |
| 10. for Zagreb Electric Tram (ZET)       | 23. _____                       |
| 11. for employment purposes              | 24. _____                       |
| 12. for passport issuance                | 25. _____                       |
| 13. For a residence permit               |                                 |
| 14. Visa                                 |                                 |

Zagreb, \_\_\_\_\_  
(date)

\_\_\_\_\_  
(student signature)