



REPUBLIKA HRVATSKA
DRŽAVNI ZAVOD ZA STATISTIKU

RPS-2 form

Act on the National Classification of Economic
Activities (NN, No. 98/94); Decision on the National
Classification of Activities, 2025 version – NKD 2025
(NN, No. 47/24)

REGISTER OF BUSINESS ENTITIES

APPLICATION

FOR A PART OF THE BUSINESS
ENTITY

Filled out by the CBS

ABBREVIATED NAME/COMPANY OF THE BUSINESS ENTITY _____

COMPANY NUMBER OF THE BUSINESS ENTITY _____

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PERSONAL IDENTIFICATION NUMBER (OIB) OF THE BUSINESS ENTITY _____

1 DATA ON THE PART OF THE BUSINESS ENTITY

a) ordinal number of the part _____

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b) name/company of the part _____

c) municipality/city _____

d) settlement _____

c) street _____

d) house number with extension _____

e) postal code _____

g) official phone number (not mandatory) _____

h) official e-mail address (not mandatory) _____

2 ACTIVITY

a) business entity's proposal _____

(activity sub-class)

b) activity determined by the CBS _____

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(activity sub-class)

3 DATA ON THE CHANGE (FILLED IN BY THE CBS)

a) type of the change _____
 (creation, termination, other changes, change of the company number)

b) date of reporting the change to the CBS _____

c) change is related to the company number _____

NOTICE: All data from the Register are public data. By signing the RPS-1 and RPS-2 forms, the person who filled out the application and the manager/authorised person of the business entity confirm that the information provided for the Register are complete, accurate and authentic. The Croatian Bureau of Statistics has the right to subsequently change data from the Register, if new data were subsequently collected from public (generally available) data collections. By signing the RPS-1 and RPS-2 forms, the person who filled out the application and the manager/authorised person of the business entity give the Croatian Bureau of Statistics the express and irrevocable right to further individually use, publish and disseminate all data from the Register of business entities for statistical and other purposes.

Date of submitting the application _____

Signature of the person who filled out the application:
business entity:

Signature of the manager/authorised person of the

Phone/mobile phone of the person who filled out the application

FILLED OUT BY OF OFFICIALS OF THE CROATIAN BUREAU OF STATISTICS	
The completeness of the mandatory data and the delivery of the necessary documentation for inspection confirmed by an official of the Croatian Bureau of Statistics:	
NAME AND SURNAME OF THE OFFICIAL FROM THE CBS WHO RECEIVED THE APPLICATION:	
DATE OF RECEIPT:	
COMMENTS:	