



**Republika e Kosovës**  
**Republic of Kosovo - Republika Kosovo**  
**Qeveria- Government -Vlada**

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**REGULATION (GRK) NO. 11/2024 ON PERSONNEL SECURITY  
VERIFICATION PROCEDURES AND COMPLAINT PROCEDURE<sup>1</sup>**

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<sup>1</sup> Regulation (GRK) no. 11/2024 on personnel security verification procedures and complaint procedure, was approved on the 203 meeting of the Government of Kosovo, with the Decision No. 02/203 dated 08.05.2024.

## **Government of the Republic of Kosovo,**

Pursuant to the Article 93 (4) of the Constitution of the Republic of Kosovo, in accordance with Article 26 paragraph 3 and Article 28 paragraph 7 of Law No. 08/L-175 on the Protection of Classified Information, and Article 8 paragraph 4, sub-paragraph 4.5 of Law No. 08/L-117 on the Government of the Republic of Kosovo, as well as Article 19 paragraph 6, sub-paragraph 6.2 of Regulation No. 09/2011 on the Rules of Procedure of the Government,

Approves:

## **REGULATION (GRK) NO. 11/2023 ON PERSONNEL SECURITY VERIFICATION PROCEDURES AND COMPLAINT PROCEDURE**

### **CHAPTER I GENERAL PROVISIONS**

#### **Article 1 Purpose**

1. The purpose of this regulation is to define rules and procedures:

1.1. for verifying the security of personnel who have or may have access to classified information, administer and circulate classified information, while exercising their duties in the framework of compliance with the "need to know" principle;

1.2. for the work of the Complaints Commission and other issues related to the examination of complaints for persons who have been denied CPS.

2. This regulation is in harmony with EU legislation, as follows:

2.1. Council Decision of 23 September 2013 on security rules for the protection of EU classified information.

#### **Article 2 Scope**

1. This regulation is applied by all institutions of the Republic of Kosovo that administer classified information, as well as by legal and natural persons who implement classified contracts.

2. The provisions of this regulation apply to all employees or contractors of public institutions, who are subject to security verification procedures to be provided with a "Certificate of Personnel Security" (hereinafter CPS), for access, administration and circulation of classified information during the exercise of their duties in the framework of respecting the "need to know" principle.

### **Article 3 Definitions**

1. Terms used in this Regulation shall have the following meaning:

1.1. "**Briefing**"/"**Debriefing**"- are a set of security instructions and guidelines related to the procedures for providing classified information and the individual responsible for violations of security rules, to which individuals who seek to have access to classified information or are equipped with CPS are subject.

2. Other expressions used in this regulation have the same meaning as those used in the relevant Law on the Protection of Classified Information.

## **CHAPTER II PERSONNEL SECURITY VERIFICATION PROCEDURE**

### **Article 4 Certificate of Personnel Security**

1. Certificate of Personnel Security is issued by the Director of the Agency for the Protection of Classified Information.

### **Article 5 Lists of functions/positions for familiarization with classified information**

1. Each holder of the institution that produces and administers classified information establishes an evaluation commission for the identification of positions that, for legal needs, may have access to classified information.

2. The commission draws up the list of positions or functions, including the level of security verification, within the specified deadline.

3. The recommending committee identifies the positions or functions based on the list of classified information of the relevant institution as well as the information it can receive from other institutions for the implementation of its scope.

4. The list of positions or functions is approved by the head of the relevant institution and the same is sent to APCI for notification.

5. The list of positions or functions is revised according to the needs of the institution and is subject to the same approval procedures, defined by this article.

**Article 6**  
**Personnel Security Verification Procedure**

1. The holder of the public institution submits a written request to APCI for conducting the security procedure for persons who may have access to classified information based on the list of positions.
2. Following the request of the head of the institution for the initiation of the security verification procedure, and only after the applicant has accepted and given written consent to collect data and carry out security verification procedures, within 15 calendar days the applicant fills out the questionnaire of personnel security, as well as gives written authorization to collect data and carry out security verification procedures.
3. APCI, after completing the request according to paragraph 1 of this article, requests information from the relevant public institutions about the past of the person subject to the verification procedure.
4. The holder of the institution has the obligation to provide, in writing, the data requested by APCI, within 5 working days from the date of the request submitted by the Verification Authority.
5. Security verification includes verifying the information provided by the employee or contractor in the security questionnaire, in relation to the possible existence of security risk.
6. APCI cooperates with the relevant counterpart authorities of other countries during the completion of the verification procedure for employees or contractors who have had other citizenships or who have dual citizenships.
7. APCI, on the basis of necessity, invites to the interview the person who is subject to the verification procedure, requests from them the presentation of additional documentation for the purpose of security verification.
8. The Personnel Security Questionnaire is an Appendix to this regulation.

**Article 7**  
**Security interview**

The security interview with the person in the verification procedure takes place in accordance with Article 22 of Law On the Protection of Classified Information and as needed and following the consent of the party can be registered and the same will be presented in the final report.

**Article 8**  
**Right to re-application**

1. The person who is denied the security clearance has the right to apply again to undergo the security verification, after one (1) year or upon the change of the circumstances on the basis of which the security certificate was denied.

2. The initiation of the security verification procedure according to paragraph 1 of this article, takes place in accordance with article 7 of this regulation.

### **Article 9** **Maintaining and adapting the CPS**

1 CPS is kept in the file of the employee where he is employed, it is given to him for use only when he is required to appear physically.

2. Any employee who possesses a valid CPS, in cases where he changes the institution and for the performance of his duties has or may have access to classified information, must report to APCI, who made the adjustment to the new position he holds.

### **Article 10** **Termination and suspension of the security clearance procedure**

1. The head of the public institution who has made a request for security verification of the persons within the relevant institution is obliged to notify APCI within 15 days of any changes that are presented to the personnel who are in the security verification procedure for the termination of the procedure of security verification in cases where the person:

1.1.terminated the employment relationship;

1.2.has changed the place of work from one institution to another institution or has moved even within the institution;

1.3.is in a serious state of health;

1.4.is objectively impossible for the person to respond to APCI's requests;

1.5.has been declared dead.

2. APCI, by written decision, suspends the security verification procedure in cases where it is notified of the reasons defined in paragraph 1, subparagraph 1.3, which must be certified by a doctor's certificate as well as subparagraph 1.4 of this article.

3. APCI, through a written decision, suspends the security verification procedure in cases where it is notified for the reasons defined in paragraph 1, subparagraph 1.1, 1.2 and 1.5 of this article.

### **Article 11** **Briefing and debriefing**

1. Each person equipped with a valid CPS must be briefed and sign before the security officer or the responsible structure of the institution where he works for recognition of the procedures for securing classified information and individual responsibilities for violations of security rules.

2. Persons equipped with CPS, in cases of termination of the employment relationship or change of position, when further maintenance of CPS is not required, are subject to debriefing procedures, by signing the relevant document. They are responsible for maintaining classified information even after termination of employment.
3. Institutions store and administer records of briefed and debriefed individuals.

## **Article 12**

### **Training and raising awareness regarding the security of classified information**

1. APCI, in cooperation with state institutions, conducts training for persons who enjoy the right to know, store, administer and transfer classified information, under the conditions of exercising official duties or fulfilling an activity in the framework of respecting the "need to know" principle.
2. Raising awareness and conducting training on security risks and measures is the first line of defense when it comes to the security of classified information.
3. To ensure that classified information security responsibilities are understood, classified information security training and awareness raising should be mandatory for all personnel who handle or administer classified information.
4. The person who has been granted an authorization for access to classified information confirms in writing that he is aware of his obligation regarding the protection of classified information as well as the consequences in case of access by unauthorized persons.
5. The person authorized to have access to classified information or required to process it is made aware of security threats at an initial stage and is then informed about them at regular intervals.
6. The person who is no longer entrusted with the task requiring access to classified information shall be informed of his obligations regarding the continued protection of classified information and, if necessary, shall confirm this in writing.
7. Training programs are drawn up by APCI in cooperation with state institutions and economic operators interested in being parties to classified contracts.

## **Article 13**

### **Security verification for employees of the Kosovo Intelligence Agency**

1. The security verification for KIA employees is carried out by KIA in accordance with the relevant law for KIA as well as by applying the criteria and standards defined by Law on the Protection of Classified Information in terms of personnel security verification.

2. KIA, after completing all security verification procedures according to the requirements set forth in paragraph 1 of this article, submits the request to AMCI for CPS issuance.
3. KIA, in the request submitted to AMCI according to paragraph 2 of this article, certifies the completion of all the procedures foreseen for security verification and finds that the verified person constitutes an acceptable risk to equip them with CPS of the corresponding level.
4. APCI equips KIA employees with CPS according to the request of KIA defined in paragraph 1, 2 and 3 of this article.
5. The procedures for the removal and suspension of the CPS for KIA employees are applied accordingly to the procedure for the issuance of the CPS.

**Article 14**  
**Maintaining the security record**

1. APCI keeps the central record of personnel who have "Certificate of Personnel Security" according to institutions, CPS level and other necessary data.
2. Each head of the public institution appoints the official responsible within the institution for maintaining and updating the record containing information about the name, surname, position and rank of personnel equipped with "CPS" within the respective institution.
3. The form and model of the records determined by paragraphs 1 and 2 of this article, is determined by APCI.

**CHAPTER III**  
**RULES AND WORKING PROCEDURES OF THE COMPLAINTS COMMISSION AND**  
**OTHER ISSUES RELATED TO THE EXAMINATION OF COMPLAINTS**

**Article 15**  
**Right of appeal**

1. The natural or legal person who was rejected CPS or CSI in accordance with Law on the Protection of Classified Information, have the right to file a complaint against the decision of the Director of APCI with the Complaints Commission within fifteen (15) days from the date of receipt of the notification.
2. The content of the complaint submitted by the parties mentioned in paragraph 1 of this article must be in accordance with the relevant Law on General Administrative Procedure.

**Article 16**  
**Manner of filing a complaint**

1. The complaint is submitted in writing directly or through physical or electronic mail to APCI, it is recorded and protocoled in accordance with the applicable legislation.

2. If the complaint is submitted directly to APCI, the complainant is issued a certificate proving that the complaint has been received, and in the case of submission via e-mail, APCI confirms the receipt of the complaint.

**Article 17**  
**Work procedures of the Complaints Commission**

1. With the decision of the Government on the establishment of the Commission, according to Law on the Protection of Classified Information, the Government assigns the chairman and deputy chairman of the Commission.

2. APCI provides the support services of the Commission's secretariat.

3. The Commission has a quorum when the majority of Commission members are present at its meetings.

4. The commission meets with the announcement of AMCI after receiving the complaints.

5. The Complaints Commission holds its meetings at the premises of APCI.

6. The work of the commission is led and coordinated by the Chairman of the Commission, and in case of his absence, the deputy chairman of the Commission.

7. The chairman, and in his absence the deputy chairman, in consultation with the commission members, sets the date and time of the commission meeting no later than five (5) working days before the day of the meeting.

8. The complete file of the natural or legal person who has submitted a complaint to the Complaints Commission is made available to the members of the commission.

9. The file or materials offered for consideration are handled within the premises of APCI and the same are delivered at the end of the meeting.

10. The commission's meeting is of closed type and the entire complaint review process is classified.

11. Commission members are obliged to participate in the convened meetings of the commission and carry out the work with responsibility and objectivity. The unexcused absence for three meetings constitutes a reason for the proposal to the head of the institution for his replacement.

12. Participating members of this commission are obliged to present the conflict of interest or other situation that necessitates their exclusion from the decision-making procedure, at the beginning of the meeting of the Complaints Commission.

13. The Complaints Commission, when it deems it reasonable, may decide to postpone any item on the agenda for the next meeting.



14. The Commission examines the complaint on the basis of the evidence gathered during the procedure in the first instance, as well as on the basis of the new evidence presented by the party and, as necessary, also by other authorities.

15. If necessary, the Complaints Commission may invite the party to an interview.

16. The review of the complaint and the conclusion of the procedure by the Complaints Commission shall be completed within the deadline set by the relevant law for the general administrative procedure.

17. The complaints commission by majority vote of the members of the commission issues a decision recommending the Director of APCI to take the decision, in accordance with Law on the Protection of Classified Information. In cases where the votes are equal, the Chairman's vote is decisive.

18. The decision of the Director of APCI is final in the administrative procedure and is delivered to the party. Against the decision of the Director of APCI, the party has the right to file a lawsuit for administrative conflict in the competent court.

### **Article 18** **Minutes of complaints' commission**

1. At the meeting of the commission, minutes are kept, and the same is made available after the end of the meeting.

2. The minutes are signed by the members of the commission and by the minute recorder.

3. The Secretariat of APCI is responsible for the preservation and keeping of the minutes.

### **Article 19** **Secretary of the commission**

1. The function of the support secretary of the Complaints Commission is performed by APCI through officials assigned by the Director of APCI.

2. The restrictions defined by Article 17 paragraph 12 of this regulation for the members of the Complaints Commission, also apply to the members of the Support Secretariat of the Commission.

3. The secretariat of the commission serves to organize, coordinate, develop and maintain the activities necessary for the work of the commission.

4. The Secretariat of the Complaints Commission exercises the following duties and responsibilities:

4.1.Plans and prepares the necessary materials for the meeting of the commission;

4.2.Keeps minutes for committee meetings;

4.3.Coordinates the work of drafting recommendations, reports and other necessary documents.

5. The Secretariat of the Complaints Commission sends to the Director of APCI the completed material together with the recommendations issued by the Complaints Commission.

**Article 20**  
**Actions of AMCI director**

1. After receiving the recommendation of the Complaints Commission, the Director of APCI issues a decision within 5 days based on the recommendations of the Complaints Commission.

2. The Director's decision must be justified and foresee the right of the party to dispute it in the competent Court.

3. APCI undertakes to deliver a copy of the Decision regarding the complaint to the party.

**Article 21**  
**Annex to the regulation The Personnel**

Security Questionnaire is an Annex to this regulation.

**Article 22**  
**Repeal**

1. Upon entry into force of this regulation, the following shall be repealed:

1.1. Regulation No. 16/2011 on Conducting the Security Verification Procedure;

1.2. Regulation No. 36/2012 for the amendment of Regulation No. 16/2011 on Conducting the Security Verification Procedure; and

1.3. Regulation No. 37/2012 on Complaints in the Verification Procedure.

**Article 23**  
**Entry into force**

This Regulation enters into force seven (7) days following its' publication on "Official Gazette" of the Republic of Kosovo.

**Albin KURTI**  

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**Prime Minister of the Republic of Kosova**

**10 May 2024**



Republika e Kosovës  
Republika Kosova - Republic of Kosovo

PERSONNEL SECURITY QUESTIONNAIRE

Security Clearance Level for accessing classified information

Confidential  Secret  Top Secret

Reference number:

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)	<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"/>
Place of birth	<input type="text"/>

Name and surname \_\_\_\_\_

Signature \_\_\_\_\_

Personal number

Identification number (ID)  I  D

Passport number

Gender  Male  Female

Current citizenship (not ethnicity)

Citizenship at birth, if other

State of birth

Dual citizenship?  YES  NO

If Yes, state the country:

Albanian  Ashkali  Bosniak   
 Serbian  Gorani  Roma   
 Egyptian  Turkish  Other

Other - Please specify below

Your profession

**2. INFORMATION ON CIVIL STATUS**

a. Indicate your civil status:  Single  Married   
 Cohabiting  Divorced   
 Widow/er

If married, enter date of marriage:

**3. INFORMATION ON THE SPOUSE OR CIVIL PARTNER**

a. Do you have a spouse or do you live with someone?  YES  NO

Please enter the details of each person with whom you are married or cohabiting

Name (including previous names)

Father's name

Surname (at birth)

Surname (including previous surnames)

Date of birth	<input type="text"/>
Place of birth	<input type="text"/>
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"/>
Enter your ethnicity:	Albanian <input type="checkbox"/> Turkish <input type="checkbox"/> Bosniak <input type="checkbox"/> Serbian <input type="checkbox"/> Ashkali <input type="checkbox"/> Roma <input type="checkbox"/> Egyptian <input type="checkbox"/> Gorani <input type="checkbox"/> Other <input type="checkbox"/>
Other - Please specify below	<input type="text"/>
Profession of the spouse - civil partner	<input type="text"/>
Current job / Position - Function	<input type="text"/>
Institution	<input type="text"/>
Monthly salary	€ <input type="text"/>
Office phone number	<input type="text"/>
Mobile phone number	<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"/>
Surname (at birth - former)	<input type="text"/>
The reason for separation (e.g.: divorce, etc.)	<input type="text"/>
Date/month/year	<input type="text"/>

## 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

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

Surname (at birth - former)

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Date of birth

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Place of birth

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Personal number

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

Country of residence

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

If deceased, enter the date of death

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

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

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Personal number

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

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	<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"/>

**e. 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"/>

**f. 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"/>

**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 style="width: 100%;" type="text"/>
Institution	<input style="width: 100%;" type="text"/>
Address and country	<input style="width: 100%;" type="text"/>
Certificate or diploma	<input style="width: 100%;" type="text"/>
	Start date (month and year) <input style="width: 100%;" type="text"/>
	End date (month and year) <input style="width: 100%;" type="text"/>
Institution	<input style="width: 100%;" type="text"/>
Address and country	<input style="width: 100%;" type="text"/>
Certificate or diploma	<input style="width: 100%;" type="text"/>
	Start date (month and year) <input style="width: 100%;" type="text"/>
	End date (month and year) <input style="width: 100%;" type="text"/>

**8. INFORMATION ON CURRENT EMPLOYMENT**

Institution	<input style="width: 100%;" type="text"/>
Your employer or direct supervisor	<input style="width: 100%;" type="text"/>
Position - Function	<input style="width: 100%;" type="text"/>
Provide clarification ( <i>elected, appointed, civil servant, etc.</i> )	<input style="width: 100%;" type="text"/>
Your rank ( <i>scientific, diplomatic, police, military, etc.</i> )	<input style="width: 100%;" type="text"/>
Monthly salary	<input style="width: 100%;" type="text"/>
Direct supervisor's phone number	Mobile phone number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**9. INFORMAITON ON PREVIOUS WORKS (*starting from the last*)**

a. Institution	<input style="width: 100%;" type="text"/>
Position - Function	<input style="width: 100%;" type="text"/>
Your employer or direct supervisor	<input style="width: 100%;" type="text"/>
Wage	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
Start date: (month/ year) - End date: (month/ year)	<input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>

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

<b>b. Institution</b>	<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>c. Institution</b>	<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>d. Institution</b>	<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	
---------------------	--

e. 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"/>

**10. DISCIPLINARY INFORMATION**

a. Have you received any serious disciplinary measures in the last 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Have you violated the security rules and policies in your organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**11. HEALTH INFORMATION**

a. Have you been or are you addicted to the use of alcohol or narcotic substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Have you suffered or are you suffering from mental / chronic disorders?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Have you had or have you held any position / function in a political party in the last 10 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**13. INFORMATION ON OTHER ACTIVITIES**

a. Are you or have you been a member of any union, sports club, non-governmental organization?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Are you or have you been a member of any professional organization, association, foundation?	<input type="checkbox"/> YES	<input type="checkbox"/> 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"/>
Additional - secondary salary	<input type="text"/>	<input type="text"/>
Allowances/ other benefits (e.g.: from diaspora, etc.)	<input type="text"/>	<input type="text"/>
Other income (e.g.: from properties, business, etc.)	<input type="text"/>	<input type="text"/>
Any other source of income including from family members	<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"/>
Food and clothing	<input type="text"/>
Expenses for car and phone	<input type="text"/>
Education expenses	<input type="text"/>
Payments of credit, loans or debts	<input type="text"/>
Any other expenses / obligations	<input type="text"/>
Total monthly expenses/obligations	<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"/>

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
i				
ii				
iii				
iv				

**18. INFORMATION ON REAL ESTATE**

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

i Property value

Date, month and year acquired

Type of property - address

Ownership - owner

Source of funds?

ii Property value

Date, month and year acquired

Type of property - address

Ownership - owner

Source of funds?

iii Property value

Date, month and year acquired

Type of property - address

Ownership - owner

Source of funds?

iv Property value

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	<input type="text"/>
Ownership - type of property	<input type="text"/>
Source of funds?	<input type="text"/>
v 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"/>

**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  YES  NO

Address, City, Country

ii Name of the bank

Account number

Active  YES  NO

Address, City, Country

iii Name of the bank

Account number

Active  YES  NO

Address, City, Country	<div style="border: 1px solid black; height: 25px;"></div>																					
iv Name of the bank	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
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Address, City, Country	<div style="border: 1px solid black; height: 25px;"></div>																					
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Active	<input type="checkbox"/> YES <input type="checkbox"/> NO																					
Address, City, Country	<div style="border: 1px solid black; height: 25px;"></div>																					

**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	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
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Remaining balance		<input type="text"/>
Name of institution	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>
iv The amount of the credit / loan / co-borrowing		<input type="text"/>
Monthly installment		<input type="text"/>
Remaining balance		<input type="text"/>
Name of institution	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>
v The amount of the credit / loan / co-borrowing		<input type="text"/>
Monthly installment		<input type="text"/>
Remaining balance		<input type="text"/>
Name of institution	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>

b. Do you have any outstanding obligations as a guarantor? *(If yes, please provide the details)*       YES       NO

i The amount of the credit / loan / co-borrowing	<input type="text"/>
Monthly installment	<input type="text"/>
Remaining balance	<input type="text"/>
Name of institution	<input type="text"/>
The person for whom you are a guarantor and your relationship to them	<input type="text"/>
The purpose of the credit/lo	<input type="text"/>
ii The amount of the credit / loan / co-borrowing	<input type="text"/>
Monthly installment	<input type="text"/>
Remaining balance	<input type="text"/>
Name of the creditor / lender	<input type="text"/>
The person for whom you are a guarantor and your relationship to them	<input type="text"/>
The purpose of the credit/lo	<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	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Type of business	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Number of the business	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

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)*

Empty box for writing answers.

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

**a. First reference**

Name

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Surname

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Date of birth

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Phone number

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

Country / Address

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How many years have you known this person?

--	--

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

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

**b. Second reference**

Name

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Surname

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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.

<b>Name and surname</b> <input type="text"/>	<b>Personal number</b> <input type="text"/> <input type="text"/> <input type="text"/> <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>Signature</b> <input type="text"/>
	<b>Date / Month / Year</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	