

"Official Gazette of the Republic of Serbia", No. 30/2010

Based on Article 61, paragraph 2. of the Law on Classified Information ("Official Gazette of the Republic of Serbia", No. 104/09) and Article 42. paragraph 1. of the Law on Government ("Official Gazette of the Republic of Serbia", Nos. 55/05, 71/05 – corrigendum, 101/07 and 65/08),

The Government hereby adopts the following

DECREE

on forms of security questionnaires

Article 1.

This decree shall prescribe the form of the basic security questionnaire for physical persons, the form of the basic security questionnaire for legal persons and the form of the special security questionnaire.

Article 2.

The form of the basic security questionnaire for physical persons (OBU-1 Form), containing the information referred to in Article 58. of the Law on Classified Information is printed together with this decree as its integral part.

Article 3.

The form of the basic security questionnaire for legal persons (OBU-2 Form), containing the information referred to in Article 59 of the Law on Classified Information is printed together with this decree as its integral part.

Article 4.

The form of the special security questionnaire (PBU-1 Form and PBU-2 Form), containing the information referred to in Article 60. of the Law on Classified Information is printed together with this decree as its integral part.

Article 5.

This decree shall enter into force on the eighth day from its publication in the Official Gazette of the Republic of Serbia.

Ref. 05 No. 110-3045/2010
Belgrade, 29 April 2010

Government

Božidar Đelić, sgd.
Deputy Prime Minister

Basic Security Questionnaire

**Basic Security Questionnaire
for Physical Persons**

Form: **OBU-1**
Classification level: **RESTRICTED**

FORM	Description of Form	No. of copies
OBU - 1_01	Information on applicant	
OBU - 1_02	Applicant's father and mother	
OBU - 1_03	Applicant's child(ren)	
OBU - 1_04	Applicant's grandfather and grandmother on father's side	
OBU - 1_05	Grandmother and grandfather on mother's side	
OBU - 1_06	Applicant's adoptive parent	
OBU - 1_07	Applicant's guardian, step father, step mother or foster parent	
OBU - 1_08	Persons living in the joint household with applicant	
TOTAL :		

WARNING: As prescribed by Article 69., paragraph 1. item 1) of the Law on Classified Information, the Office of the Council on National Security and Classified Information Protection shall refuse an application for issuing a security clearance by means of decision, if it is established, based on the report on the security vetting or on the additional security vetting that the applicant has stated untrue and incomplete information in the basic or special security questionnaire.

I hereby consent that the information provided in the security questionnaire may be collected and processed in the course of the **security vetting** pursuant to the regulations on personal data protection.

Place _____

Date _____

APPLICANT'S SIGNATURE

Basic Security Questionnaire For Natural Persons	Form: OBU-1_01
	Classification level: RESTRICTED

INFORMATION ON APPLICANT

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P E R S O N A L D A T A	1. NAME and SURNAME, previous names and surnames																	
	2. National Identification Number (NIN)																	
	3. Date of birth (DD- MM -YYYY)																	
	4. Place, municipality and country of birth																	
	5. Citizenship, former citizenships and dual citizenships		Citizenship of the Republic of Serbia						Citizenship of other countries (if yes, state which)									
			YES			NO												
	6. Marital status and family status								Number of children (legitimate or born out of wedlock)									
	7. Place and Address		7.1. Permanent residence															
a. Temporary residences (from-to)																		
8. Previous permanent residences and temporary residences (from-to)																		

Q U A L I F I C A T I O N S A N D O C C U P A T	9.1 Last school attended		Name													
			Place		Major course											
			Year of enrollment /graduation													
			Qualification gained													
	9.2. School attended		Name													
			Place		Major course											
			Year of enrollment/graduation													
			Qualification gained													
			Name													
			Place		Major course											
Year of																

I O N		enrollment /graduation	
		Qualification gained	
	9.3. Ongoing education	Name	
		Place	
		Major course	
		Year of enrollment	
9.4. OCCUPATION			

Basic Security Questionnaire for Natural Persons		Form: OBU-1_01					
		Classification level: RESTRICTED					
P R E V I O U S E M P L O Y M E N T	9. Work experience	NO	YES	Years of service Y / M / D			
	10. 1. Name and address of company <i>(for employed persons)</i>						
	10. 2. Information on previous employments	Organization		Work post		Period (from-to)	
M I L I T A R Y S E R V I C E	11.1. Completed	Manner of completion		MOS (code)	P.O. number, place		Period (from-to)
	11. 2. Military service in progress	Regular					
		Civilian					
		Through education					
11. 3. Not completed <i>(state the reason)</i>							
12. Information on criminal and tortious penalties and on ongoing criminal and tortious proceedings							
13. Medical data on addictive illnesses (alcohol,, addictive drugs, etc.), or mental illnesses							
14. Contacts with foreign security and intelligence services		NO	YES	If yes, state the intelligence service (s)			
15. Disciplinary procedures and measures imposed							
16. Information on membership or participation in activities of organizations whose activities or objectives are prohibited		Name		Title		Period (from-to)	

17. Information on liability for violating regulations relating to classified information	
18. Information on property rights or other real right to real estate, information on property right over other assets entered in the public registry, as well as information on the annual tax on citizen's total income for previous year	
19. PREVIOUS SECURITY VETTINGS	

Place _____

Date _____

APPLICANT'S SIGNATURE

**BASIC SECURITY QUESTIONNAIRE
FOR NATURAL PERSONS**

Form: **OBU-1 02**

Classification level: **RESTRICTED**

APPLICANT'S FATHER

1.SURNAME and NAME
and previous surnames and names, if any

2. Date of birth
(DD-MM-YYYY)

3.Place of residence and address

APPLICANT'S MOTHER

1.SURNAME (maiden name) and NAME
and previous surnames and names, if any

2. Date of birth
(DD-MM-YYYY)

3.Place of residence and address

Place _____

Date _____

APPLICANT'S SIGNATURE

Basic Security Questionnaire For Natural Persons		Form: OBU-1 03
		Classification level: RESTRICTED
APPLICANT'S CHILD(REN)		
1.SURNAME (maiden name) and NAME and previous surnames and names, if any		
2.Date of Birth (DD-MM-YYYY)		
3.Place of residence and address		

Place _____

Date _____

APPLICANT'S SIGNATURE

Basic Security Questionnaire For Natural Persons	Form: OBU-1 04
	Classification level:

APPLICANT'S GRANDFATHER ON FATHER'S SIDE

1.SURNAME and NAME and previous surnames and names, if any	
2. Date of birth (DD-MM-YYYY)	
3. Place of residence and address	

APPLICANT'S GRANDMOTHER ON FATHER'S SIDE

1.SURNAME (maiden name) NAME, and previous surnames and names, if any	
2. Date of birth (DD-MM-YYYY)	
3. Place of residence and street address	

Place _____

Date _____

APPLICANT'S SIGNATURE

Basic security questionnaire for natural persons	Form: OBU-1 05
	Classification level: RESRICTED

APPLICANT'S GRANDFATHER ON MOTHER'S SIDE

1.SURNAME and NAME and previous surnames and names, if any	
2. Date of birth (DD-MM-YYYY)	
3. Place of residence and address	

APPLICANT'S GRANDMOTHER ON MOTHER'S SIDE

1.SURNAME (maiden name) NAME and previous surnames and names, if any	
2. Date of birth (DD-MM-YYYY)	
3.Place of residence and address	

Place _____

Date _____

APPLICANT'S SIGNATURE

Basic Security Questionnaire for Natural Persons	Form:	OBU-1 06
	Classification level:	RESTRICTED

APPLICANT'S ADOPTIVE PARENT

1.SURNAME (maiden name) and NAME and previous surnames and names, if any	
2. Date of birth (DD-MM-YYYY)	
3. Place of residence and address	

Note: Please, fill in this form only in case you have this type of relationship.

Place _____

Date _____

APPLICANT'S SIGNATURE

Basic Security Questionnaire for Natural Persons	Form:	OBU-1 07
	Classification level:	RESTRICTED

**APPLICANT’S GUARDIAN/ STEP FATHER/ STEP MOTHER/
FOSTER PARENT**

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Relationship:		
	1. SURNAME (maiden name) NAME and previous surnames and names, if any	
	2. Date of birth (DD-MM-YYYY)	
	3. Place of residence and address	

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Relationship:		
	1.SURNAME (maiden name) NAME and previous surnames and names, if any	
	2. Date of birth (DD-MM-YYYY)	
	3.Place of residence and address	

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Relationship:		
	1.SURNAME (maiden name) NAME And previous surnames and names, if any	
	2. Date of birth (DD-MM-YYYY)	
	3.Place of residence and address	

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Relationship:		
	1.SURNAME (maiden name) NAME and previous surnames and names, if any	
	2. Date of birth (DD-MM-YYYY)	
	3.Place of residence and address	

Note: Please, fill in this form only if you have one of the above relationships.

Place _____

Date _____

APPLICANT’S SIGNATURE

Basic Security Questionnaire for Natural Persons	Form: OBU-1 08
	Classification level: RESTRICTED

PERSONS LIVING IN THE JOINT HOUSEHOLD WITH APPLICANT

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	1.SURNAME (maiden name) NAME and previous surnames and names, if any	
	2. Date of birth (DD-MM-YYYY)	
	3. Relationship with applicant	

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	1.SURNAME (maiden name) NAME and previous surnames and names, if any	
	2. Date of birth (DD-MM-YYYY)	
	3. Relationship with applicant	

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Note: Please, fill in this form, only in case the persons living in the joint household are not covered by the previous forms within this questionnaire.

Place _____

Date _____

APPLICANT'S SIGNATURE

**Basic Security Questionnaire
for Legal Persons**

Form: **OBU-2**

Classification
level: **RESTRICTED**



Office of the Council on National Security and Classified Information Protection

(Legal person)

IDN

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TIN

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(Place and address)

E-mail: _____

Note: Information provided in this questionnaire may be used solely for the purpose of security vetting of legal persons in order to have access to classified information.

**Basic security questionnaire
for Legal Persons**

Form: **OBU-2**

Classification level: **RESTRICTED**

Name and surname of employee for whom security clearance is requested	NIN	Information classification level for which security clearance is requested

WARNING: *As prescribed in Article 69, paragraph 1, item 1) of the Law on Classified Information, the Office of the Council on National Security and Classified Information Protection shall refuse an application for issuing a security clearance by means of decision, if it is established, based on the report on the security vetting that the applicant has stated untrue and incomplete information in the basic or special security questionnaire.*

I hereby consent that the information provided in the security questionnaire may be collected and processed in the course of the security vetting pursuant to the regulations on personal data protection.

Place _____

Date _____

APPLICANT'S SIGNATURE

**Basic Security Questionnaire
for Legal Persons**

Form: **OBU-2 01**

Classification level : **RESTRICTED**

INFORMATION ON APPLICANT

9. COMPANY NAME, head office address and previous names and head office addresses, if any										
10. Identification number (IDN)										
11. Tax identification number (TIN)										
12. Name and surname of legal representative										
13. Date and place of establishment										
14. Information on organizational units, branches, dependant companies and other forms of association										
15. Origin of initial capital, including changes that have occurred in the last three years										
16. Information on employees	Total No. of Employees	Information on employees for whom security clearance certificates are applied for								
		No. of employees	Type of activities performed							
17. Information on convictions for criminal offences, economic offences and torts of the legal person and persons in charge within the legal person and information on ongoing proceedings for criminal offences, economic offences or torts against the legal person										
18. Information on contacts with foreign security and intelligence services										
19. Information on participation in activities or organizations whose activities and objectives are prohibited										
20. Information on liability for violating regulations relating to classified information										
21. Information on previous security vettings										
22. Information on property rights or other real right to real estate, information on property right over other assets entered in the public registry, and information on the annual financial statement for the previous year in accordance with the law governing accounting and auditing										

Place _____

Date _____

APPLICANT'S SIGNATURE

Special Security Questionnaire for Natural Persons	Form: PBU-1
	Classification level: RESTRICTED

INFORMATION ON APPLICANT

1. NAME and SURNAME and previous names and surnames, if any												
2. National identification number (NIN)												
3. Information on service in foreign armies and paramilitary formations	Country - name of armed forces						Period (from-to)					
4. Information on debts incurred due to borrowings or guarantees undertaken, if any	Level of financial liabilities						Name of financial institutions					
5. Other information and facts, apart from those stated in the basic security questionnaire, which may cause the physical person to be susceptible to influences and pressures constituting a security risk												
6. Have you ever undergone a security vetting? If, so, please state when.												
7. Have you been issued a security clearance certificate before?, If so, please state its number.												

WARNING: As prescribed by Article 69., paragraph 1. item 1) of the Law on Classified Information, the Office of the Council on National Security and Classified Information Protection shall refuse an application for issuing a security clearance certificate by means of decision, if it is established, based on the report on the security vetting or on the additional security vetting that the applicant has stated untrue and incomplete information in the basic or special security questionnaire.

I hereby consent that the information provided in the security questionnaire may be collected and processed in the course of the security vetting pursuant to the regulations on personal data protection.

Place _____

Date _____

APPLICANT'S SIGNATURE
