

## Beneficial Ownership Disclosure Form

**Request for Bid No.:** MOPPCSA/ER&PHPP/C1.2.2/W-RFB

**Contract title:** Reconstruction Works for Clinical Hospital Center Zagreb - Rebro III Phase

**To: Ministry of Physical Planning, Construction and State Assets  
Ulica Republike Austrije 14, 10000 Zagreb, Croatia**

In response to your request in the Letter of Acceptance *dated [7<sup>th</sup> November 2024]* to furnish additional information on beneficial ownership:

(i) we hereby provide the following beneficial ownership information.

**Details of beneficial ownership**

Identity of Beneficial Owner	Directly or indirectly holding 25% or more of the shares (Yes / No)	Directly or indirectly holding 25 % or more of the Voting Rights (Yes / No)	Directly or indirectly having the right to appoint a majority of the board of the directors or an equivalent governing body of the Bidder (Yes / No)
<i>[Kamenski Dragutin, nationality - Croatian, country of residence – Republic of Croatia, Zagreb, Jurjevska ulica 60]</i>	Yes	Yes	Yes

**Name of the Bidder:** \*[KAMGRAD d.o.o. za graditeljstvo i trgovinu]

**Name of the person duly authorized to sign the Bid on behalf of the Bidder:**

\*\*[Domagoj Kamenski, representing Bidder independently and individually]

**Title of the person signing the Bid:** [Director]

**Signature of the person named above:**



**kamgrad®**  
d.o.o., J. Lončara 11-Zagreb  
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**Date signed** [20<sup>th</sup>] day of [November], [2024]

\* In the case of the Bid submitted by a Joint Venture specify the name of the Joint Venture as Bidder. In the event that the Bidder is a joint venture, each reference to “Bidder” in the Beneficial Ownership Disclosure Form (including this Introduction thereto) shall be read to refer to the joint venture member.

\*\* Person signing the Bid shall have the power of attorney given by the Bidder. The power of attorney shall be attached with the Bid Schedules.