**OBRAZAC ZA PRIJAVU U EVIDENCIJU UMIROVLJENIKA OPĆINE VIŠKOVCI U SVRHU ISPLATE JEDNOKRATNE NOVČANE**

**NAKNADE U 2019. GODINI**

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| **IME I PREZIME:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **ADRESA:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (poštanski broj) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (mjesto) |
| **OIB:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **BROJ TELEFONA:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**UZ OBRAZAC PRILAŽEM:**

1. ODREZAK ZADNJE PRIMLJENE MIROVINE ili PRESLIK POTVRDE BANKE O ISPLATI MIROVINE (mora biti vidljiv OIB umirovljenika)

**Pod materijalnom i kaznenom odgovornošću potvrđujem kako su svi podaci navedeni u obrascu u cijelosti točni i istiniti.**

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| U Viškovcima , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (datum) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (potpis) |

**ISPLATA:**

**Primljeno na ruke:**

**Dana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Potpis**

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