Uplatio je (ime, adresa i telefon) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**Ime i prezime, adresa i telefon** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Svrha doznake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ **Upišite vrstu zahtjeva**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Primalac/Primatelj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_**JZU Dom zdravlja Banovići** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mjesto i datum uplate: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_**Vaš potpis** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potpis i pečat nalogodavca

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| Pečat  Banke |

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Potpis ovlaštenog lica:

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Račun

pošiljaoca/

pošiljatelja

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Račun

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|  |  | samo za uplate javnih prihoda | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| Broj poreznog obveznika | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Vrsta uplate | | | | | |  |  |  |
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| **Upisati svoj matični broj (JMBG)** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
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| Poziv na broj | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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