**GRAD OMIŠ**

**Upravni odjel za gospodarstvo**

**i društvene djelatnosti**

**Trg kralja Tomislava 5/I**

**21310 Omiš**

**E-mail pisarnice:** **grad@omis.hr**

**ZAHTJEV ZA OSTVARIVANJE PRAVA NA PRIGODNU JEDNOKRATNU NOVČANU NAKNADU UMIROVLJENICIMA ZA 2025. GODINU**

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| **IME I PREZIME****PODNOSITELJA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ZAHTJEVA** **PREBIVALIŠTE** **(ADRESA I MJESTO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**OIB****TELEFON/****MOBITEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****TEKUĆI RAČUN**

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**IBAN** **(u slučaju zaštićenog računa, priložiti potvrdu FINA-e)** |

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| **I Z J A V A**1. da su svi izneseni podaci istiniti,
2. **da osim navedenog nemam drugih mirovinskih primanja**,
3. da sam suglasan/a s obradom osobnih podataka shodno važećim propisima.
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| **OBVEZNI PRILOZI:**1. **potvrda o mirovinskom primanju za veljaču 2025. gODINE**
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 Omiš, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2025.g.

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 (potpis podnositelja zahtjeva)