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 (ime i prezime) OBRAZAC UZU

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 (ulica i kućni broj)

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 (mjesto stanovanja)

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 (kontakt tel/mob) **GRAD SLATINA**

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 (OIB)

Slatina, \_\_\_\_\_\_\_\_\_\_\_\_\_ 2021. godine

**ZAHTJEV**

**za ostvarivanje prava na uskrsnicu umirovljenika**

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 (podnositelj zahtjeva)

**Zahtjevu obvezno priložiti:**

1. Presliku odreska od mirovine za mjesec veljaču 2021. ili potvrdu o visini mirovine izdanu od HZMO-a za mjesec veljaču 2021.;
2. Presliku osobne iskaznice (obostrano);
3. Presliku dokumenta iz kojeg je vidljiv OIB umirovljenika ako OIB nije vidljiv na osobnoj iskaznici.
4. Preslika tekućeg računa + IBAN tekućeg računa.