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| **IZJAVA ZA PREJEMANJE E-RAČUNA** | | | | | | | | | | | | | | | | | | | | |
| Spodaj podpisani/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , stanujoč/a na | | | | | | | | | | | | | | | | | | | | |
| *ime in priimek plačnika* | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | | | | | | | | | | | | | | | | | | | | |
| *naslov plačnika (ulica, poštna številka in kraj)* | | | | | | | | | | | | | | | | | | | | |
| izjavljam, da želim prejemati e-račun za otroka \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | | | | | | | | | | | | | | | | | | | | |
| *ime in priimek otroka* | | | | | | | | | | | | | | | | | | | | |
| rojenega \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ v svojo spletno banko \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . | | | | | | | | | | | | | | | | | | | | |
| *datum rojstva otroka naziv vaše banke* | | | | | | | | | | | | | | | | | | | | |
| Številka mojega tekočega računa je: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S | I | 5 | 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *številka vašega TRR* | | | | | | | | | | | | | | | | | | | | |
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| Obvezujem se, da bom spremembo številke tekočega računa, banke, e-naslova in ostale informacije pomembne za izdajo računa sporočil na | | | | | | | | | | | | | | | | | | | | |
| *OŠ Škofja Loka-Mesto, Šolska ulica 1, 4220 Škofja Loka, tel.: 04/506-00-15, ali mail:mojca.jenko2@guest.arnes.si*  V \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dne \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Podpis plačnika: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |