

**IBAN: HR9223600001101365135 MB 01209817 OIB 50222228283**

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Klasa:

Ur. broj:

Velika Gorica,

Obrazac 3.

**ISPUNJAVA VZG VG - TAJNIŠTVO**

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| DOBROVOLJNO VATROGASNO DRUŠTVO  Datum: |

**ISPUNJAVA DVD**

ZAHTJEV ZA POVRAT SREDSTAVA / SUFINANCIRANJE :

**( ZAOKRUŽITI)**

1. Refundacija troškova registracije i osiguranja za \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Refundacija troškova popravka za \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Nabava opreme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Ostalo (opis) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ODGOVORNA OSOBA MP

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Napomena: Obrazac Zahtjev za povrat sredstava/sufinanciranje popuniti sa svim podacima, zahtjevu priložiti kopije svih dokumenata koji su potrebni za predmet te kopiju uplate ako se traži povrat sredstava. Zahtjev poslati poštom, e-mailom ili faxom na VZG VG.