**OPĆINA LOVREĆ**

**Jedinstveni upravni odjel**

**Doktora Franje Tuđmana 7, 21 257 Lovreć**

**ZAHTJEV ZA OSTVARIVANJE PRAVA NA GODIŠNJU NOVČANU POTPORU**

**UMIROVLJENICIMA, KORISNICIMA ZAJAMČENE MINIMALNE NAKNADE I NEZAPOSLENIM HRVATSKIM BRANITELJIMA ZA 2024.**

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| **IME I PREZIME**  **PODNOSITELJA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **ZAHATJEVA**  **ADRESA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**     |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   **OIB**  **TELEFON/**  **MOBITEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **TEKUĆI RAČUN**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **H** | **R** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **IBAN**  **(u slučaju blokiramog 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 s obradom osobnih podataka shodno važećim propisima |

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| **OBVEZNI PRILOZI:**   1. **odrezak od posljednje mirovine (hrvatske i inozemne)** 2. **kopija važeće osobne iskaznice** 3. **potvrda o braniteljskom statusu (za nezaposlene hrvatske branitelje)** 4. **potvrda HZMO-a o radnopravnom statusu (za nezaposlene hrvatske branitelje).** |

Lovreć, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2024.g.

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potpis podnositelja zahtjeva