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| **KOMISIJI ZA RASPODJELU SREDSTAVA FONDA SOLIDARNOSTI SINDIKATA UINO** |

**Zahtjev**

**za dodjelu sredstava financijske pomoći**

1. **PODACI O PODNOSITELJU ZAHTJEVA**
2. Ime i prezime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Adresa stanovanja – prebivalište \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Jedinstveni matični broj građana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Broj LK/OI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Regionalni centar / Središnji ured \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Radno mjesto i org.jedinica \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Kontakt tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **SLUČAJ ZA KOJI SE TRAŽI FINANCIJSKA POMOĆ ( zaokružiti )**
9. smrt člana Sindikata
10. teža bolest člana Sindikata
11. teža bolest člana užeg porodičnog domaćinstva člana Sindikata
12. odlazak člana Sindikata u mirovinu/penziju
13. ostali slučajevi
14. **DOKUMENTACIJA U PRILOGU**

1) Potvrda o plaćanju sindikalne članarine (priložiti kopiju 3 zadnja obračuna plate)

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **OBRAZLOŽENJE PODNOSITELJA ZAHTJEVA O RAZLOZIMA ZA POMOĆ**

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1. **Broj transakcijskog računa i naziv banke za uplatu:**

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Datum, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **P o d n o s i t e lj z a h t j e v a**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**