

ime in priimek vlagatelja / first and last name of the applicant

ulica in hišna številka prebivališča / street and house no. of permanent residence

pošta in kraj prebivališča / postal no. and place of residence

država prebivališča / country of residence

P O O B L A S T I L O
P O W E R O F A T T O R N E Y

Podpisani

, rojen

I, _____, born on

ime in priimek vlagatelja / first and last name of the applicant

datum rojstva / date of birth

stanujoč na zgoraj navedenem naslovu, pooblaščam spodaj navedeno osebo (v nadaljevanju: pooblaščenec), da me zastopa pri Javnem štipendijskem, razvojnem, invalidskem in preživninskem skladu Republike Slovenije v postopku za pridobitev štipendije po Javnem razpisu štipendij za izobraževanje tujih državljanov v Sloveniji na podlagi razvojnih dogovorov v letu 2021 (319. JR) do dokončnosti odločbe ter za podpis pogodbe in v času trajanja pogodbenega razmerja, če mi bo štipendija po tem razpisu dodeljena. Spodaj navedeno osebo pooblaščam tudi za zastopanje v vseh postopkih, ki izvirajo iz morebitnega razdrtja pogodbe o štipendiranju.

residing at the above indicated address, give full power of attorney to the person indicated below (from here onwards: trustee) to represent my interests as a client with the Public Scholarship, Development, Disability and Maintenance Fund of the Republic of Slovenia during the administrative procedure of obtaining a scholarship under the Public call for Applications for the Award of Scholarships to Foreign Nationals in Slovenia based on development agreements in the year 2021 (319. JR) until the decision is final, as well as for signing the contract and during the the validity of the contract, should the scholarship be awarded to me. I give full power of attorney to the person indicated below to represent me in all proceedings resulting from the termination of the scholarship contract.

Podatki o pooblaščenцу / Information about the trustee:

priimek in ime :

first and last name:

datum rojstva: _____

date of birth: _____

naslov (ulica in hišna št.): _____

address (street and no.): _____

naslov (poštna št. in kraj): _____

address (post no. and place): _____

št. telefona: _____

phone number: _____

e-poštni naslov: _____

e-mail address: _____

_____ kraj in datum / place and date

_____ lastnoročni podpis vlagatelja / signature of the applicant

Sprejemam pooblastilo. / I accept the power of attorney.

_____ lastnoročni podpis pooblaščenca / signature of the trustee