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
I, _____ , rojen
ime in priimek vlagatelja / first and last name of the applicant , born on _____
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 2022 (336. 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 2022 (336. 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 pooblaščencu / 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

natisni / print