_____
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

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 skladu Republike Slovenije za razvoj kadrov in štipendije v postopku za pridobitev štipendije po *Javnem razpisu štipendij za izobraževanje tujih državljanov v Sloveniji na podlagi razvojnih dogovorov v letu 2014 (187. JR)* do dokončnosti odločbe ter za podpis pogodbe in v času trajanja pogodbenega razmerja, če mi bo štipendija po tem razpisu dodeljena.
/
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 Slovene Human Resources Development and Scholarship Fund 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 2014 (187. 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.

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

_____
lastnoročni podpis pooblaščenca / signature of the trustee

natisni / print