

OSOBNI BROJ:
PERSONAL NUMBER:

Ime i prezime korisnika:
First and last name
of the beneficiary:

Adresa korisnika:
Beneficiary's address:

.....**PUNOMOĆ**
POWER OF ATTORNEY

U skladu s odredbom članka 91. Zakona o mirovinskom osiguranju (»Narodne novine«, broj 102/98, 127/00,59/01, 109/01, 147/02, 117/03, 30/04, 177/04, 92/05, 43/07, 35/08, 40/10, 121/10, 130/10, 61/11, 114/11, 76/12) ovlašćujem
According to the provision of Article 91 of the Pension Insurance Act ("Official Gazette", no. 102/98, 127/00, 59/01, 109/01, 147/02, 117/03, 30/04, 177/04, 92/05, 43/07, 35/08, 40/10, 121/10, 130/10, 61/11, 114/11, 76/12) herewith I empower

(ime, prezime i adresa opunomoćenika)
(first and last name, address of the empowered person)

da u moje ime prima isplate primanja koje mi doznačuje Hrvatski zavod za mirovinsko osiguranje.
to receive on my behalf the payments of the benefits remitted to me by the Croatian Pension Insurance Institute.

Ova punomoć vrijedi od
This Power of Attorney applies from

(datum/date)

do opoziva, a najduže jednu godinu.
until its cancellation, but not longer than one year.

U/in

(datum/date)

Korisnik primanja
Beneficiary

Opunomoćenik
Authorised representative

Ovjera potpisa (potpis i pečat)
Verification of signature (signature and seal)

NAPOMENA:

- punomoć, ovjerenu u područnoj službi (bez naknade), kod javnog bilježnika, u diplomatsko-konzularnom predstavništvu RH ili kod nadležnih upravnih tijela države prebivališta, treba dostaviti nadležnoj područnoj službi
- želite li isplatu primanja preko banke, potrebno je priložiti podatke o nazivu banke, poslovnici i broju računa (presliku kartice ili ovlaštenje banke)

NOTE:

- this Power of Attorney, verified by the regional office (free of charge), public notary, diplomatic and consular mission of the RoC or competent administrative bodies in the state of residence, should be delivered to the competent regional/local office
- if you wish the payment of benefits via bank, you need to enclose your bank name, branch office and bank account number (copy of your bank card or bank's authorization)