

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 101. Zakona o mirovinskom osiguranju (»Narodne novine«, broj 157/13, 15/14, 33/15, 93/15, 120/16, 18/18, 62/18, 115/18) ovlašćujem

Pursuant to the provision of Article 101 of the Pension Insurance Act ("Official Gazette" no 157/13, 15/14, 33/15, 93/15, 120/16, 18/18, 62/18 and 115/18) 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 na kućnu adresu putem pošte.

to receive on my behalf the payments that the Croatian Pension Insurance Institute remits to my home address per post.

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

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