***Izjava o ispunjenju obveze Prilog 3***

**I Z J A V A**

kojom ja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ iz \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime i prezime) (adresa stanovanja)

broj osobne iskaznice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ izdane od\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

kao po zakonu ovlaštena osoba za zastupanje pravne osobe gospodarskog subjekta

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(naziv i adresa gospodarskog subjekta, OIB)

pod materijalnom i kaznenom odgovornošću izjavljujem da \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(naziv i adresa gospodarskog subjekta, OIB)

nema duga po osnovi javnih davanja te da su ispunjene obveze plaćanja dospjelih poreznih obveza i obveza za mirovinsko i zdravstveno osiguranje

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_ god,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime, prezime i potpis ovlaštene osobe)