

PUNOMOĆ / AUTHORISATION

Ovime ja, niže potpisani / *Herewith I, the undersigned*

(ime i prezime / *Name, Family name*)

Iz / *From*

(adresa / *Address*)

ovlašćujem Fakultet političkih znanosti, Lepušićeva 6, HR-10000 Zagreb, da u moje ime pribavi moj osobni identifikacijski broj (OIB) u nadležnoj ispostavi Porezne uprave RH, a sve u svrhu upisa na fakultet Sveučilišta u Zagrebu u statusu gosta-studenta na razmjeni / *Give the authority to the Faculty of Political Science, Lepušićeva 6, HR-10000 Zagreb to take out my Croatian personal identification number, so-called OIB number at the respective Tax administration office, and for the purpose of the enrolment as a guest student on exchange to the respective faculty of the University of Zagreb.*

U / (Done at) _____

mjesto i datum / *Place and date*

vlastoručni potpis / *Personal signature*