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(ime i prezime tražitelja stipendija)

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(adresa stanovanja)

OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I Z J A V A**

 Pod materijalnom i kaznenom odgovornošću izjavljujem da u mojoj obitelji žive:

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(upisati sve članove obitelji)

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 (vlastoručni potpis)

U Peterancu, \_\_\_\_\_\_\_\_\_\_\_ 2020.