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(ime i prezime tražitelja stipendija)

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

**I Z J A V A**

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

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(upisati sve članove obitelji/kućanstva)

U Peterancu, \_\_\_\_\_\_\_\_\_\_\_ 2025.

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

(vlastoručni potpis)