



SLOVENIAN  
LOCAL GROUP

## APPLICATION FORM

Name and surname: \_\_\_\_\_ Gender: M F

Permanent residence address: \_\_\_\_\_

ZIP code, city: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobil phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Employment: \_\_\_\_\_

Address: \_\_\_\_\_

### PAYER INFORMATION:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

VAT number: \_\_\_\_\_

Date and place:

\_\_\_\_\_

Signature:

\_\_\_\_\_