|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **SOGLASJE za SEPA direktno obremenitev** *SEPA Direct Debit Mandate* | | | | | | | | | |  | | | |
|  |  | |  |
|  | | | |
|  |  | |  |  | **Ime in priimek otroka:** | | | | | | |  | |
|  | | | | Enolična referenca soglasja – izpolni prejemnik plačila *Mandate reference – to be completed by the creditor* | | | | | | | | | |
|  |  | |  |
|  | | | |
| S podpisom tega obrazca pooblaščate (A) v temu soglasju navedenega prejemnika plačila, da posreduje nalog za SDD vašemu ponudniku plačilnih storitev za obremenitev vašega računa in (B) vašega ponudnika plačilnih storitev, da obremeni vaš račun v skladu z nalogom za SDD, ki ga posreduje navedeni prejemnik plačila. Vaše pravice obsegajo tudi pravico do povračila denarnih sredstev s strani vašega ponudnika plačilnih storitev v skladu s splošnimi pogoji vašega ponudnika plačilnih storitev. Povračilo denarnih sredstev je potrebno terjati v roku 8 tednov, ki prične teči od dne, ko je bil obremenjen vaš račun.  *By signing this mandate form, you authorize (A) creditor, stated in this mandate, to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Creditor. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.* | | | | | | | | | | | | | | | | | |
| **Plačnik** *(Debtor)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  |
| Naziv oziroma ime in priimek plačnika *(Name of the debtor)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  |
| Ulica in hišna številka *(Street name and number)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  |  | | | | | | | | |  |
| Poštna številka *(Postal code)* Kraj *(City)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  |
| Država *(Country)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  |
| IBAN številka računa plačnika *(Account number - IBAN)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |  |
| SWIFT BIC oznaka banke plačnika *(SWIFT BIC of the debtor’s bank)* | | | | | | | | | | | | | | | | | |
| **Prejemnik** **plačila** *(Creditor)* | | | | | | | | | | | | | | | | | |
|  | | **OSNOVNA ŠOLA BLAŽA KOCENA PONIKVA** | | | | | | | | | | | | | | |  |
| Naziv prejemnika plačila *(Creditor name)* | | | | | | | | | | | | | | | | | |
|  | | **SI56 1320-6030682371** | | | | | | | | | | | | | | |  |
| Identifikacija prejemnika plačila *(Creditor identifier)* | | | | | | | | | | | | | | | | | |
|  | | **PONIKVA 29 A** | | | | | | | | | | | | | | |  |
| Ulica in hišna številka *(Street name and number)* | | | | | | | | | | | | | | | | | |
|  | | **3232** | | | | |  | **PONIKVA** | | | | | | | | |  |
| Poštna številka *(Postal code)* Kraj *(City)* | | | | | | | | | | | | | | | | | |
|  | | **SLOVENIJA** | | | | | | | | | | | | | | |  |
| Država *(Country)* | | | | | | | | | | | | | | | | | |
| **Vrsta direktne obremenitve*****(Type of payment)*** | | | | | | | | | | | | | | | | | |
| Periodična (ponavljajoča) obremenitev *(Recurrent payment)* | | | | | | | | |  | ali *(or)* enkratna obremenitev *(One-off payment)* | | | | |  |  |  |
|  | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | |  | | | |  |
| Kraj podpisa soglasja *(City or town in which you are signing)* | | | | | | | | | | | | | Datum soglasja *(Date)* | | | | |
|  | | | | | |  | | | | | | | | | | |  |
| Podpis *(Signature)* | | | | | | | | | | | | | | | | | |
| Opomba: Vaše pravice v zvezi s soglasjem so navedene v splošnih pogojih poslovanja vašega ponudnika plačilnih storitev.  *(Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.)* | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
|  | | |
| **Podrobnosti, ki se nanašajo na razmerje med prejemnikom plačila in plačnikom – samo v informacijo**  *(Details regarding the underlying relationship between the Creditor and the Debtor – for information purposes only)* | | |
|  |  |  |
| Identifikacija plačnika *(Debtor identification code)* | | |
|  |  |  |
| Naziv končnega dolžnika: Če izvajate plačilo za drugo osebo, tu vpišete ime in priimek druge osebe. Če plačujete v svojem imenu, pustite prazno. *(Name of the Debtor Reference Party: If you are making a payment in respect of an arrangement between Creditor and another person, please write the other person’s name here. If you are paying on your own behalf, leave blank.)* | | |
|  |  |  |
| Identifikacija končnega dolžnika *(Identification code of the Debtor Reference Party)* | | |
|  | | |
|  |  |  |
| Naziv končnega upnika; prejemnik plačila mora zapisati ta podatek, če izvršuje direktne obremenitve v imenu druge stranke. *(Name of the Creditor Reference Party; Creditor must complete this section if collecting payment on behalf of another party.)* | | |
|  |  |  |
| Identifikacija končnega upnika *(Identification code of the Creditor Reference Party)* | | |
|  | | |
|  |  |  |
| Identifikacijska številka osnovne pogodbe *(Identification number of the underlying contract)* | | |
|  |  |  |
| Opis pogodbe *(Description of contract)* | | |
|  | | |