

**Student Fakulteta zdravstvenih studija,
ime i prezime, adresa,
telefon**

[illegible]

Upisnina za redovne studente koji prvi put upisuju I ciklus

1	4	1	1	9	6	5	3	2	0	0	0	8	4	7	5
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1

Univerzitet u Sarajevu

Broj
poreskog
obveznika

J	M	B	G		S	T	U	D	E	N	T	A
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Vrsta
update

Mjesto i datum uplate Sarajevo / /

Porezni period

7	2	2	4	2	9
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Od

D	A	N			
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Do

U	P	L	A	T	E
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Potpis i pečat
nalogodavca

Općina

0	7	7
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Budžetska
organizacija

2	1	0	4	0	1	2
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Potpis
ovlaštenog lica

Poziv
na
broj

[illegible]