**VRAČILO NEPORABLJENIH DOVOLILNIC**

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| Podjetje: |  |
| Naslov: |  |
| Matična št. podjetja: |  |
| Telefon: |  |
| E-naslov: |  |

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| Zap.  št. | Država | Država ID /  Dovolilnica ID | | Številka dovolilnice | Leto |
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Kraj in datum:

Ime in priimek zakonitega zastopnika, podpis in žig podjetja: