|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **SOGLASJE za SEPA direktno obremenitev** *SEPA Direct Debit Mandate* | | | | | | | | | |  | | | |
|  |  | | **Novo soglasje** |
| *New mandate* | | | |
|  |  | | **Sprememba** |  |  | | | | | | |  | |
| *Amendment* | | | | Referenčna oznaka soglasja – izpolni prejemnik plačila *Mandate reference – to be completed by the creditor* | | | | | | | | | |
|  |  | | **Ukinitev** |
| *Cancellation* | | | |
| S podpisom tega obrazca pooblaščate (A) v temu soglasju navedenega prejemnika plačila, da posreduje navodila vašemu ponudniku plačilnih storitev za obremenitev vašega plačilnega računa in (B) vašega ponudnika plačilnih storitev, da obremeni vaš plačilni račun v skladu z navodili, ki jih 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 plačilni 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.* | | | | | | | | | | | | | | | | | |
| **Podatki o plačniku** ***(Debtor’s data)*** | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | 1 |
| Naziv oziroma ime in priimek plačnika *(Name of the debtor)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | 2 |
| Sedež oziroma ulica in hišna številka plačnika *(Address, street name and number of the debtor)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  |  | | | | | | | | | 3 |
| Poštna številka *(Postal code)* Kraj *(City)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | 4 |
| Država *(Country)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | 5 |
| IBAN številka plačilnega računa *(IBAN account number)* | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | 6 |
| SWIFT BIC oznaka banke plačnika *(SWIFT BIC of the debtor’s bank)* | | | | | | | | | | | | | | | | | |
| **Podatki o prejemniku** **plačila** ***(Creditor’s data)*** | | | | | | | | | | | | | | | | | |
|  | | **OSNOVNA ŠOLA FRANJA MALGAJA ŠENTJUR** | | | | | | | | | | | | | | | 7 |
| Naziv prejemnika plačila *(Creditor's name)* | | | | | | | | | | | | | | | | | |
|  | | **SI56013206030682177** | | | | | | | | | | | | | | | 8 |
| Identifikacijska oznaka prejemnika plačila *(Creditor's Identifier)* | | | | | | | | | | | | | | | | | |
|  | | **ULICA SKLADATELJEV IPAVCEV 2,** | | | | | | | | | | | | | | | 9 |
| Sedež oziroma ulica in hišna številka prejemnika plačila *(Address, street name and number of the creditor)* | | | | | | | | | | | | | | | | | |
|  | | **3230** | | | | |  | **ŠENTJUR** | | | | | | | | | 10 |
| Poštna številka *(Postal code)* Kraj *(City)* | | | | | | | | | | | | | | | | | |
|  | | **SLOVENIJA** | | | | | | | | | | | | | | | 11 |
| Država *(Country)* | | | | | | | | | | | | | | | | | |
| **Vrsta direktne obremenitve*****(Type of direct debit)*** | | | | | | | | | | | | | | | | | |
| Periodična (ponavljajoča) obremenitev *(Recurrent debit)* | | | | | | | | |  | ali *(or)* enkratna obremenitev *(One-off debit)* | | | | |  |  | 12 |
|  | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | |  | |  | | | | 13 |
| Kraj podpisa soglasja *(City or town of signing the mandate)* | | | | | | | | | | | | | Datum *(Date)* | | | | |
| Prostor za podpis  *(Place for signature)* | | | | | |  | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | |
| Opomba: Vaše pravice v zvezi s tem soglasjem so navedene v splošnih pogojih poslovanja vašega ponudnika plačilnih storitev.  *(Note: Your rights regarding this 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)*** | | | |
|  |  | | 14 |
| Identifikacijska oznaka plačnika *(Debtor identification code)* | | | |
|  |  | | 15 |
| 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 place of another person, write the other person’s name here. If you are paying on your own behalf, leave it blank.)* | | | |
|  |  | | 16 |
| Identifikacijska oznaka končnega dolžnika *(Identification code of the Debtor Reference Party)* | | | |
|  | | | |
|  |  | | 17 |
| 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.)* | | | |
|  |  | | 18 |
| Identifikacijska oznaka končnega upnika *(Identification code of the Creditor Reference Party)* | | | |
|  | | | |
|  |  | | 19 |
| Identifikacijska številka osnovne pogodbe *(Identification number of the underlying contract)* | | | |
|  |  | | 20 |
| Opis pogodbe *(Description of contract)* | | | |
|  | | | |
| **Prosimo vrnite:**  *(Please, return it to:)* | |  | |
| OSNOVNA ŠOLA FRANJA MALGAJA ŠENTJUR  ULICA SKLADATELJEV IPAVCEV 2  3230 ŠENTJUR | |