



ZAHTJEV ZA POVRAT PREPLAĆENE TURISTIČKE PRISTOJBE ZA BORAVAK NA PLOVNOM OBJEKTU

REQUEST FOR A REFUND OF THE OVERPAID TOURIST TAX

IME I PREZIME / NAZIV UPLATITELJA: _____
(NAME AND/OR SURNAME OF THE PAYER)

ADRESA / SJEDIŠTE: _____
(ADDRESS / HEADQUARTER)

KONTAKT TELEFON: _____
(PHONE NUMBER)

KONTAKT E-MAIL: _____
(E-MAIL ADDRESS)

IZNOS VIŠE UPLAĆENE TURISTIČKE PRISTOJBE (ZAKRUŽITI):
(I WANT THAT THE AMOUNT OF THE TOURIST TAX I OVERPAID COUNTS AS)

- 1) ŽELIM DA SE VALJANOST MOJE PRISTOJBE PRODULJI ZA PERIOD JEDNAK IZNOSU PREPLATE
(ADDITIONAL PERIOD IN WHICH MY TOURIST TAX WILL BE VALID. IN THIS CASE ITS VALIDITY WILL BE EXTENDED FOR THE PERIOD EQUIVALENT TO THE AMOUNT OF MY OVERPAID TAX)
- 2) ŽELIM POVRAT PREPLAĆENIH SREDSTAVA (POPUNITI PODATKE U NASTAVKU)
(I OPT FOR THE MONEY REFUND. PLEASE FILL OUT THE FOLLOWING INFORMATION)

a. NOSITELJ RAČUNA: _____
(BANK ACCOUNT OWNER)

b. IBAN RAČUNA: _____
(ACCOUNT NUMBER)

c. NAZIV I ADRESA BANKE: _____
(BANK NAME AND BANK ADDRESS)

d. BIC/SWIFT: _____
(BIC OR SWIFT)

DATUM: _____
(DATE)

POTPIS: _____
(SIGNATURE)

VAŽNO!
(IMPORTANT)

Molimo da ispunjeni obrazac i skeniranu potvrdu o uplati vinjete dostavite na nautika@htz.hr

Once you filled this form out please send it together with the scan of your tourist tax receipt to nautika@htz.hr