

Fax: 021/304-465

DATUM/DATE: \_\_\_\_\_

**ZAHTJEV/REKLAMACIJA TRGOVCA**  
*MERCHANT DISPUTE FORM*

Naziv Tvrtke/Obrta \_\_\_\_\_

*Company/Craft Title*

MB/OIB \_\_\_\_\_

*Personal ID number*

Adresa: \_\_\_\_\_

*Address*

Br.telefona/mob: \_\_\_\_\_

*Phone/Mobile phone number*

Broj žiro računa: \_\_\_\_\_

*Gyro account number*

<b>Br. fakture</b> <i>Invoices No.</i>	<b>Br. POS-a/TID-a</b> <i>POS/TID No.</i>	<b>Datum</b> <i>Date</i>	<b>Iznos</b> <i>Amount</i>

**RAZLOG REKLAMACIJE:**

*REASON FOR DISPUTE:*

Neplaćeni slipovi / *Unpaid transaction receipts*

Neplaćeni POS promet / *Unpaid POS transactions*

Otvorene stavke za \_\_\_\_\_ mj./god./ *Open inventory for \_\_\_\_\_ month/year*

Struktura prometa za \_\_\_\_\_ mj./god./ *Transaction structure for \_\_\_\_\_ month/year*

Nezaprmljena(e) specifikacija(e) \_\_\_\_\_ br. \_\_\_\_\_ datum plaćanja/*Unreceived specifications*  
\_\_\_\_\_ numb. \_\_\_\_\_ payment date.

ostalo/*other* \_\_\_\_\_

U slučaju postojanja opravdane sumnje Banke da se radi o zlouporabi kao i potrebe za provođenjem istražnih radnji, ovlašćujem Banku da nadležnom državnom tijelu priopći, odnosno dostavi svu relevantnu dokumentaciju radi utvrđivanja činjeničnog stanja.

*In case of existence of justified doubt on behalf of the Bank that there was misuse, as well as necessity for conducting investigative activities, I entitle the Bank to notify the government authorities, that is, to deliver all relevant documentation for determining the factual state.*

\_\_\_\_\_  
Potpis podnositelja zahtjeva/*Signature of applicant*

Pečat tvrtke/*Company stamp*