***Obrazec št. 9***

# IZJAVA PRIJAVITELJA, DA NE POSLUJE Z ŽIGOM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ki ga zastopa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(naziv prijavitelja, naslov) (ime in priimek, funkcija)*

**izjavljam,**

da ne poslujemo z žigom.

|  |  |  |
| --- | --- | --- |
| Kraj in datum: |  | Podpis odgovorne osebe prijavitelja:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |