Zavod za **pokojninsko in invalidsko** zavarovanje Slovenije

Sektor za nakazovanje pokojnin
SI 1000 Ljubljana, Kolodvorska ulica 15, t: +386/1 47 45 650, e: informacije@zpiz.si, www.zpiz.si



Številka dosjeja / File number: | | | | | | | |

POTRDILO / CERTIFICATE

Podatki upravičenca(ke) / Beneficiary's details:
Ime in priimek, datum rojstva / Name, surname, date of birth:

Stalni naslov / Permanent address:

Začasni naslov / Temporary address:

Zgoraj navedena oseba je živa. / The above stated person is alive.

V nadaljevanju z X ustrezno označiti oz. ustrezno dopolniti / Below please tick with **X** or specify as appropriate:

Identifikacija osebe je bila preverjena na podlagi / The person's identity has been verified on the basis of their

☐ osebne izkaznice / identity card, številka / No _____

☐ potnega lista / passport, številka / No _____

☐ drug osebni dokument (navedite kateri) / other personal identity document (please specify) _____, številka / No _____.

Kraj in datum / Place and date

_____

Žig in podpis pristojnega organa/
Stamp and signature of the competent authority

PROSIMO OBRNITE / PLEASE TURN OVER

POMEMBNO / IMPORTANT NOTICE

Vpišite vašo identifikacijsko številko za davčne namene (TIN) v vaši državi bivanja / Please enter your Tax Identification Number (TIN) in your country of residence.

TIN / TIN:_____ Država bivanja / Country of residence: _____

V kolikor zavod vaše identifikacijske številke ne bo prejel najkasneje do 30. 10. 2029, vam bo izplačevanje prejemkov s 1. 1. 2030 ustavljeno / If you fail to provide your Tax Identification Number by 30 October 2029 at the latest, the payment of your benefits will terminate on 1 January 2030.

IZJAVA UPOKOJENCA(KE) / PENSIONER'S STATEMENT

V kolikor ste zaposleni oziroma opravljate samostojno dejavnost, označite z X. / If you are employed or self-employed, please tick the with **X**.

☐ DA / YES

Spodaj podpisani(a) izjavljam, da uveljavljam ugodnosti po mednarodni pogodbi o izogibanju dvojnega obdavčevanja. / I, the undersigned, declare that I am claiming benefits under an international agreement for the avoidance of double taxation.

Kraj in datum/Place and date

Podpis upokojenca(ke) ali zakonitega(e) zastopnika(ce)/ Signature of the pensioner or their legal representative

_____ _____

OBVESTILO UPOKOJENCU / INFORMATION FOR PENSIONERS

Potrdilo z izjavo je potrebno izpolnjeno in overjeno vrniti na naslov: Zavod za pokojninsko in invalidsko zavarovanje Slovenije, Kolodvorska 15, 1000 LJUBLJANA najkasneje do _____. V kolikor potrdila ne bomo prejeli do navedenega roka, vam bo izplačevanje pokojnine začasno ustavljeno (3. in 4. odst. 120. čl. ZPIZ-2, Ur. list RS, št. 96/12, 39/13, 102/15, 23/17, 40/17 in 65/17). / You should return a completed and certified copy of your Certificate and Pensioner's Statement to Zavod za pokojninsko in invalidsko zavarovanje Slovenije, Kolodvorska 15, 1000 LJUBLJANA by _____. If we have not received it by the date stated, your pension payment will be suspended (paragraphs 3 and 4 of Article 120 of ZPIZ-2, Official Gazette, No. 96/12, 39/13,102/15, 23/17, 40/17 and 65/17).

Potrdilo izpolni in potrdi pristojni organ državne uprave. / Certificate should be completed and certified by a competent administrative authority.

Izjavo upokojenca izpolni in podpiše uživalec pokojnine. / Pensioner's Statement should be completed and signed by the pension beneficiary.

Na podlagi 119. člena ZPIZ-2 ste zavodu dolžni sporočiti vsako spremembo, ki vpliva na pravico do pokojnine ali na izplačevanje pokojnine, v 8 dneh po nastali spremembi. / Under Article 119 of ZPIZ-2 you are required to notify our institution within 8 days of the change taking place of any change that may affect your pension entitlement or pension payment.