

**ZAHTEVEK ZA VRAČILO DAVKA OD PLAČIL UPORABE PREMOŽENJSIH PRAVIC NA
PODLAGI DOLOČB MEDNARODNE POGODBE O IZOGIBANJU DVOJNEGA
OBDAVČEVANJA DOHODKA / REQUEST FOR REFUND OF TAX ON ROYALTIES BASED
ON PROVISIONS OF THE TREATY ON AVOIDANCE OF DOUBLE TAXATION OF INCOME**

1. Mednarodna pogodba o izogibanju dvojnega obdavčevanja dohodka med Republiko Slovenijo in _____, _____ odstavek _____ člen / Treaty on avoidance of double taxation of income between the Republic of Slovenia and _____, Paragraph _____ Article _____

___% (stopnja iz pogodbe / tax rate from the treaty)
 Oprostitev / Exemption

2. PODATKI O PREJEMNIKU DOHODKA / DETAILS OF THE RECIPIENT OF INCOME

Ime in priimek / Firma Name and surname / Registered name		
Fizična oseba / Individual	Podatki o prebivališču / Domicile or residence	Telefon: Telephone:
	Državljanstvo / Citizenship	
Gospodarska družba ali druga oseba / Company or other entity	Sedež / Registered office	Telefon: Telephone:
	Kraj dejanskega upravljanja / Place of effective management	Telefon: Telephone:
Država rezidenstva prejemnika / Recipient's country of residence		Davčna številka: Tax identification number:
Poslovna enota v Republiki Sloveniji / Permanent establishment in the Republic of Slovenia <input type="checkbox"/> Da/Yes <input type="checkbox"/> Ne/No (če da – izpolnite / if yes - fill in)	Naziv / Name	
	Sedež/kraj / Registered office / location	Telefon: Telephone:
	Opis dejavnosti / Description of business activities	

3. PODATKI O PLAČNIKU DOHODKA / DETAILS OF THE PAYER OF INCOME

Firma ali ime in priimek in pravno-organizacijska oblika / Registered name or name and surname and legal/ organisational form		
Sedež / Registered office		Telefon: Telephone:
Osnovni kapital* / Share capital*		
Davčna številka / Tax identification number		
Poslovna enota v Republiki Sloveniji / Permanent establishment in the Republic of Slovenia <input type="checkbox"/> Da/Yes <input type="checkbox"/> Ne/No (če da – izpolni / if Yes - fill in)	Naziv / Name	Opis dejavnosti: / Description of business activities:
	Sedež / kraj / Registered office / location	Telefon: Telephone:
	Davčna številka / Tax identification number	

4. PODATKI O DOHODKU, PREJETEM OD PLAČNIKA, ZA KATEREGA SE UPORABI POGODBA IZ 1. TOČKE / DETAILS OF THE INCOME, RECEIVED FROM THE PAYER, TO WHICH THE TREATY MENTIONED IN ITEM 1 IS APPLICABLE

Vrsta premoženjske pravice / Type of property rights	Opis dohodka / Description of income	Datum plačila / Due date of payment	Delež v plačniku (v %)* / Share in the payer (in %)*	Znesek dohodka / Amount of income	Znesek odtegnjenega davka / Amount of tax deducted	Znesek davka po pogodbi / Amount of tax under the treaty	Znesek zahtevanega vračila / Amount of refund requested
<input type="checkbox"/> Avtorske pravice / Copyright <input type="checkbox"/> Pravice industrijske lastnine / Industrial property rights <input type="checkbox"/> Drugo / Other							

5. DRUGO / OTHER

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6. Izjavljam / I hereby declare:

- prejemnik dohodka je tudi upravičeni lastnik dohodka / the recipient of income is also the beneficial owner of income;
- prejemnik dohodka je upravičen do koristi, določene v mednarodni pogodbi iz 1. točke / the recipient of income is eligible for benefits, provided in the treaty mentioned in Item 1;
- da so podatki resnični, točni in popolni / that the data are truthful, accurate and complete.

V/Na/In/At....., dne/Date.....

.....
 (podpis zavezanca/-ke oziroma pooblaščenca/-ke) /
 (Signature of the taxpayer or authorised person)

7. POTRDILO PRISTOJNEGA ORGANA DRŽAVE REZIDENTSTVA PREJEMNIKA DOHODKA / CERTIFICATION OF THE COMPETENT AUTHORITIES OF THE INCOME RECIPIENT'S COUNTRY OF RESIDENCE

Potrujemo, da je bila oseba, navedena v 2. točki, v času prejema dohodka rezident _____ v smislu _____ odstavka _____ člena mednarodne pogodbe o izogibanju dvojnega obdavčevanja dohodka med Republiko Slovenijo in _____. / We hereby certify that the person stated in Item 2 is at the time of receipt of income a resident of _____ within the meaning of Paragraph _____ Article _____ of the treaty on avoidance of double taxation of income between the Republic of Slovenia and _____.

V/Na/In/At _____, dne/Date _____ Žig /Stamp _____ Podpis/Signature _____

8. PODATKI O POOBLAŠČENCU / DETAILS OF THE AUTHORISED PERSON

Ime in priimek / Name and surname	
Naslov / Address	Telefon: Telephone:

9. PODATKI O BANČNEM RAČUNU / BANK ACCOUNT DATA

Znesek vrnjenega davka nakažite na račun številka _____, ki je odprt pri _____.
 Pay the amount of tax refund on the account no. _____, held at _____.

Priloge / Attachments:

PRILOGE/ ATTACHMENTS:		<i>*Izpisek iz registra / *Print from the register</i>
		<i>*Kopija delniške knjige / *Copy of the share register</i>
		<i>*Potrdilo KDD (»Potrdilo o lastništvu za namene izvajanja 10. člena (dividende) mednarodnih pogodb o izogibanju dvojnega obdavčevanja«) / *Confirmation of the Central Securities Clearing Corporation (»Confirmation of the ownership for purposes of implementation of Article 10 (dividends) of treaties on avoidance of double taxation«)</i>
		<i>Pooblastilo / Authorisation</i>

(Izpolni davčni organ / to be completed by the tax authorities)

Na zahtevo davčnega organa je treba predložiti tudi druga dokazila o upravičenosti do ugodnosti po mednarodni pogodbi. /

Upon request of the tax authorities also other proofs of eligibility for benefits according to the treaty shall be submitted.

5. Other

Enter any other information.

7. To be completed by the competent authority of the country of which the recipient of royalties is a resident for tax purposes.

Enclosures: *The relevant enclosure should be submitted if the degree of participation in the company's capital or management is a prerequisite for claiming a reduced tax rate under the treaty.