I Z J A V A

**(HUMANITARNOST/DOBROČINSTVO/DARIVANJE)**

Izjavljujem da moj sin/kći \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB/JMBG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ može postati Preporučitelj/Član

Humanitarne udruge-Humanitarian Network Marketing (skraćeno H N M). Moje dijete

registrirano je pod korisničkim imenom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kao potvrdu moje suglasnosti se osobno potpisujem na postojeću Izjavu.

**BESPLATNA REGISTRACIJA:** [**www.humanitarian-nm.com**](http://www.humanitarian-nm.com)

**NAZIV KLUBA ILI ŠKOLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , \_\_\_.\_\_\_.\_\_\_\_\_\_\_. IME I PREZIME (oca/majke):

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OIB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potpis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_