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| Презиме (име оца) и име |  |
| Адреса |  |
| Број телефона |  |
| ЈМБ (ЈИБ) |  |

**ОПШТИНА НОВИ ГРАД**

**НАЧЕЛНИК ОПШТИНЕ**

**ОПШТИНСКА УПРАВА**

**ОДЈЕЉЕЊЕ ЗА ОПШТУ УПРАВУ**

**ОДСЈЕК ЗА БОРАЧКО-ИНВАЛИДСКУ ЗАШТИТУ**

**ПРЕДМЕТ:** Захтјев за одјаву са здравственог осигурања

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Уз захтјев прилажем :

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

У Новом Граду,\_\_\_\_\_\_\_\_\_\_ ПОДНОСИЛАЦ ЗАХТЈЕВА

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