



WHEN AND HOW TO FILL IN THIS DOCUMENT:

All sections if your bank details have changed or are not known to the COMMISSION
Only sections 1 and 4 if you have forgotten your identification sticker
Only section 1 if your address has changed

Do you represent a government department or body? YES [X] NO []
(If no answer is given it will be assumed that you do.)

1-EXPERT (for mailing purposes)

SURNAME SEL
NAME DAVORKA
ADDRESS TRZASKA 21
TOWN/CITY LJUBLJANA
COUNTRY SLOVENIA POSTCODE 1000
TELEPHONE 0038614788671 FAX 0038614788649
MOBILE PHONE 0038641495024
E-MAIL DAVORKA.SEL@GOV.SI

2-ORGANISATION FOR WHICH YOU WORK

NAME MINISTRY OF PUBLIC ADMINISTRATION
ADDRESS TRZASKA 21
TOWN/CITY LJUBLJANA
COUNTRY SLOVENIA POSTCODE 1000

3-ACCOUNT HOLDER (OBLIGATORY)

NAME REPUBLIKA SLOVENIJA PRORACUN
ADDRESS ZUPANČIČEVA ULICA 3
TOWN/CITY LJUBLJANA POSTCODE 1000
COUNTRY SLOVENIA
CONTACT PERSON DAVORKA SEL
TELEPHONE 0038614788671

4-BANK

BANK NAME BANK OF SLOVENIA (BSLJSI2X)
BRANCH ADDRESS SLOVENSKA CESTA 35
TOWN/CITY LJUBLJANA POSTCODE 1000
COUNTRY SLOVENIA
ACCOUNT NUMBER 011006300109972
IBAN SI56011006300109972

5-REMARKS

ref. No.: 18 31119-4024052-5563-2007

Date and signature of expert

BANK STAMP + SIGNATURE BANK REPRESENTATIVE (*) BOTH OBLIGATORY

DATE+SIGNATURE ACCOUNT HOLDER OBLIGATORY

(*) Or a document issued by the bank and containing the following data : the number and holder of the bank account (account statement, proof of opening of the account)