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| **PRIMER UPLATNICE ZA XL Timočke medicinske dane** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **NALOG ZA PRENOS** | | | | | |  | |  | | --- | | **Naziv platioca** | | Ime prezime\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Adresa\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Svrha plaćanja** | | Kotizacija za LX TMD (KE broj......) | | **Naziv primaoca** | | Srpsko lekarsko društvo - Podružnica Zaječar Zdravstveni centar Zaječar 19000 Zaječar, Rasadnička b.b. | |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Šifra plaćanja |  | Valuta |  | Iznos | | ------ | **------------ RSD** | 500,00 | | **Račun platioca** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Račun primaoca** | | | | | | 205-0000000167929-22 | | | | | | **Model i poziv na broj (odobrenja)** | | | | | | |  |  |  | | --- | --- | --- | |  |  | broj Vaše licence | | | | | | |  | |  | | | | | |