## PRILOGA 7

## *ANNEX 7*

ZAHTEVEK ZA OPROSTITEV DAVKA OD DOHODKOV PROFESORJEV IN RAZISKOVALCEV NA PODLAGI DOLOČB MEDNARODNE POGODBE O IZOGIBANJU DVOJNEGA OBDAVČEVANJA DOHODKA / *REQUEST FOR EXEMPTION OF TAX ON INCOMES OF PROFESSORS AND RESEARCHERS 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 \_\_\_\_\_\_\_.*

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

|  |  |
| --- | --- |
| Ime in priimek / *Name and surname* |  |
| Podatki o prebivališču v Republiki Sloveniji / *Details of residence in the Republic of Slovenia* | Telefon: *Telephone:* |
| Podatki o prebivališču pred prihodom v Republiko Slovenijo */ Details of residence prior to arrival in the Republic of Slovenia* | Telefon:*Telephone:* |
| Državljanstvo / *Citizenship* |  |
| Država rezidentstva prejemnika / *Recipient’s country of residence* |  | Davčna številka: /*Tax identification number:* |
| Status prejemnika / *Recipient’s status* |  |

**3. PODATKI O IZPLAČEVALCU DOHODKA / *DETAILS OF THE PAYER OF INCOME***

|  |  |
| --- | --- |
| Ime in priimek ali firma in pravno-organizacijska oblika / *Name and surname or registered name and legal/ organisational form* |  |
| Podatki o prebivališču oziroma sedežu / *Details of residence or registered office* | Telefon:*Telephone:* |
| Država / *Country* |  |
| Davčna številka /*Tax identification number* |  |

**4. PODATKI O NAVZOČNOSTI IN UNIVERZI, ŠOLI ALI USTANOVI V REPUBLIKI SLOVENIJI** / ***DETAILS OF PRESENCE AND OF THE UNIVERSITY, SCHOOL OR INSTITUTION IN THE REPUBLIC OF SLOVENIA***

|  |  |
| --- | --- |
| Datum prvega prihoda v Republiko Slovenijo / *Date of the first arrival in the Republic of Slovenia* |  |
| Predvideni čas prebivanja v Republiki Sloveniji / *Planned time of residence in the Republic of Slovenia* |  |
| Podatki o univerzi, šoli ali ustanovi v Sloveniji, kjer prejemnik dohodka poučuje ali raziskuje / *Details of the university, school or institution in Slovenia, where the recipient of income teaches or researches.* | Naziv / *Name* |  |
| Sedež / *Registered office* |  |
| Davčna številka / *Tax identification number* |  |

**5. PODATKI O DOHODKU, PREJETEM ZA POUČEVANJE OZIROMA RAZISKOVANJE, ZA KATEREGA SE UPORABI POGODBA IZ 1. TOČKE / *DETAILS OF THE INCOME, RECEIVED FOR TEACHING AND/OR RESEARCH, TO WHICH THE TREATY MENTIONED IN ITEM 1 IS APPLICABLE***

|  |  |  |
| --- | --- | --- |
| Vrsta dohodka / *Type of income* | Datum plačila / *Due date of payment* | Znesek dohodka / *Amount of income* |
|  |  |  |
| Raziskave se opravljajo v: / javno korist določene osebe ali oseb / *public benefit of a specific person or persons**Researches are conducted for:* zasebno korist določene osebe ali oseb / *private benefit of a specific person or* *persons* |

**6. DRUGO / *OTHER***

|  |
| --- |
|  |

**7. Izjavljam / *I hereby declare:***

1. prejemnik dohodka je tudi upravičeni lastnik dohodka / *the* *recipient of income is also the beneficial owner of income;*
2. 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;*
3. 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)*

8. POTRDILO PRISTOJNEGA ORGANA DRŽAVE REZIDENTSTVA PREJEMNIKA DOHODKA*. / CERTIFICATION OF THE COMPETENT AUTHORITIES OF THE INCOME RECIPIENT’S COUNTRY OF RESIDENCE*

Potrjujemo, da je oseba, navedena v 2. točki, 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 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 /*Stam*p Podpis/*Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. PODATKI O POOBLAŠČENCU */ DETAILS OF THE AUTHORISED PERSON*

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

Priloge / *Attachments:*

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

 Pooblastilo / *Authorisation*

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 on avoidance of double taxation shall be submitted.*