



KDD

Obr. KID-fiz

APPLICATION FOR ASSIGNMENT OF KID

Name:

Surname:

Date of birth:

Address of permanent residence:

Street and no.:

City:

Zip / postal code:

Country:

EMŠO / KID identification no.:

(if not available, please state that you are not a slovenian citizen)

Citizenship:

Date:

Applicant's signature:
