**The Payment Claim for the 2014 Subsidy - Translations into Foreign Languages JR9–PVP–2014**

|  |  |
| --- | --- |
| Name and surname: |       |
| Permanent address: |       |
| Citizenship: |       |
| Country of residence: |       |
| Tax number in Slovenia: |       |
| Telephone, mobile phone: |       |
| E-mail: |       |
| Bank accountIBAN:SWIFT: |            |
| Name of bank and bank branch: |       |
| Address of bank (street, place, country): |       |

|  |  |
| --- | --- |
| **According to the contract No.:** |  |
| For the project (the name of the project): |       |
| **Payment claim in the amount of:** | **€** |

**Calculation of expenditure**

**Expenditure**

|  |  |
| --- | --- |
| ***Total expenditure:*** | **€** |

**Revenues:**

|  |  |  |
| --- | --- | --- |
| - | Slovenian Book Agency: | **€** |
| - | Other budgetary sources (state): |  |
|  |       |       € |
| - | Other revenues (state): |  |
|  |       |       € |
| - | Your own resources: |       € |
| ***Total revenues*:** | **€** |

**A brief description of the project realization in the stated period (obligatory!):**

|  |
| --- |
|       |

I, the undersigned, declare that the listed data is true and that the realization of the project runs in accordance with the contract.

Date:       Signature:

**Obligatory annexes:**

1. invoice if the translator is a natural person carrying on an activity;
2. declaration of the insured person annexed to this claim;
3. if the translator is not a resident of Slovenia, applicable forms or confirmations acknowledging which social security legislation applies to the translator.

**Insured person from the EU:**

* **Form A1 or any other relevant certificate** attesting that the insured person is compulsorily insured in another EU member state at a social security institution covered by Regulation No. 883/2004 as part of the national scheme. A list of competent authorities and social security institutions is available at [the European Commission website](http://ec.europa.eu/employment_social/social-security-directory/mainIndex?langId=en);
* for pension claimants, **a certificate of pension receipt issued by a foreign social security institution**;

**Insured person from third countries:**

* certificates or additional forms are not relevant.

**Contractor's obligations:**

The contractor/translator shall submit two (2) deposit copies to the Slovenian Book Agency no later than 14 days after the publication of the book. The translator also undertakes to send an electronic version of the entire translation in word or pdf format to the Slovenian Book Agency for archival purposes.

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***REZERVIRANO ZA JAK***

**Potrditev zahtevka in izplačila s strani skrbnika pogodbe na JAK**

Datum:

Podpis skrbnika pogodbe:

DECLARATION OF THE INSURED PERSON

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, resident at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Slovenian tax number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

for the purpose of establishing compliance with the requirements for compulsory insurance as a result of performing work under another legal relationship in accordance with the new Pension and Disability Insurance Act (Article 18 ZPIZ-2) and the new provision of Article 55.a of the Health Care and Health Insurance Act (ZZVZZ)

 DECLARE,

that I am, at the time of the payment of remuneration under the above-mentioned contract,

*(mark accordingly)*

* insured under full-time employment
* a pensioner
* insured under part-time employment or not insured.

I also undertake to immediately notify any changes which might affect the calculation and payment of remuneration.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Insured person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_