

IZJAVA O SREDSTVIH ZA PREŽIVLJANJE

Declaration of means of support

Spodaj podpisani/a _____

I, the undersigned

rojen/a dne _____ v _____

born on

in

sem oče/mati dijaka/inje študenta/šudentke _____

(obkroži) am the mother/father of a student

rojena/e dne _____ v _____

born on

izjavljam, da ga bom v času bivanja v Sloveniji preživljal/a, mesečno najmanj v višini,

declare that I will support her/him during her/his stay in Slovenia in the amount

kolikor znaša osnovni znesek minimalnega dohodka v Republiki Sloveniji.

of the basic amount of the minimum income in the Republic of Slovenia.

Kraj, _____

Place

podpis

signature