Prilog 1.

**PONUDBENI LIST**

Naziv i sjedište naručitelja:

Visoki trgovački sud Republike Hrvatske

Berislavićeva 11, Zagreb

OIB 97349366519

Podaci o ponuditelju:

Naziv i sjedište ponuditelja

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Broj računa:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Je li ponuditelj u sustavu PDV-a ( zaokružiti ): DA NE

Adresa za dostavu pošte:

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Kontakt osoba ponuditelja:

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Broj telefona:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broj faksa:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa e-pošte:

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Predmet nabave – **MATERIJAL ZA HIGIJENSKE POTREBE**

Cijena ponude bez PDV-a (brojkom)

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Porez na dodanu vrijednost (brojkom)

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Cijena ponude s porezom na dodanu vrijednost ( brojkom)

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Rok valjanosti ponude: najmanje 60 dana od isteka roka za dostavu ponuda.

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(čitko ime i prezime ovlaštene osobe ponuditelja)

M.P. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(vlastoručni potpis ovlaštene osobe ponuditelja)