DDV-P3 FORM

CLAIM FOR ISSUING VAT IDENTIFICATION NUMBER

I. General data

01	Tax number in Slovenia					
02	VAT identification number of the	parent company				
03	Name of the parent company					
04	Seat of the parent company					
05	Name of the branch					
06	Address of the branch					
	Telephone numbers					
07	Fax number					
	E-mail					
	Account numbers at banks and					
08	savings banks					
09	Responsible person's full name					
10	Contact person's full name					

II. Business activities

11	Code and type of									
	business									
	activities,									
	performed in									
	Slovenia									
12	Date anticipated for	init	iation	of	VA	Γ				
	identification									
13	Date anticipated for	end	l of V	AT	ider	ntifi	cation			

III. Data about the tax representative*

14	Name of the tax						
	representative						
15	VAT identification number of th	e tax representative					
16	Seat or permanent residence of						
	the tax representative						
17	Validity period for						
	authorisation of representation						
	(proof of representation						
	enclosed)						
18	Responsible person's full						
	name						
	Responsible person's tax number	r					

	Contact person's full name					
19						
	Contact person's tax number					
	Contact person's telephone					
	number					

* Completed by the taxable person with no business established in Slovenia, who performs supplies of goods and/or services in Slovenia or who performs import of goods in Slovenia under procedure 42 or 63 and appoints a tax representative.

IV. Other data

20	Voluntary inclusion according to Article 20 paragraph 6 of the VAT Act					
21	Customs procedure 42 or 63					
22	Proof from Article 129 paragraph 4 of the Rules is submitted.					
23	Special arrangement - occasionally international road passenger transport -					
	(proof is submitted)					
24	Voluntary inclusion according to Article 30.c paragraph 6 of the VAT Act					

With the signature I confirm the accuracy of data.

Taxable person's signature

In _____, am _____