

REGISTRATION FORM FOR COMPANY WITH FOREIGN OWNERSHIP OR AUTHORIZED PERSON

Legal entities details	
Company name:	
Address:	
Name and surname of legal representative:	
Identification number:	
TAX number:	

User details	
Name and Surname:	
Address:	
E-mail address:	
Telephone number:	

For activation please send submit the completed form to Ministry for public administration on e-mail address gp.mju@gov.si with reference number **430-4/2024-3130**.

Date:

User signature:

Signature of legal person: