**Prilog 1**

OBRAZAC PONUDE

Naručitelj: JAVNA VATROGASANA POSTROJBA

GRADA ZAGREBA

Savska cesta 1/3, 10 000 Zagreb

OIB: 92366589656

Tvrtka ili naziv Ponuditelja:

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Adresa Ponuditelja:

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OIB Ponuditelja:

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Račun Ponuditelja (IBAN) i naziv banke:

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Adresa elektroničke pošte i kontakt broj telefona:

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Predmet nabave: Usluga osiguranja zaposlenika od nezgode, CPV: 66512100-3

Način nabave: postupak jednostavne nabave broj 420/2024

Cijena ponude bez PDV-a u eurima:

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Iznos PDV-a u eurima:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cijena ponude s PDV-om u eurima:

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Rok valjanosti ponude: 90 dana

Narudžbenica se sklapa na razdoblje od 12 (dvanaest) mjeseci s početkom od 01.01.2025 do

31.12.2025 godine.

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

 (Potpis ovlaštene osobe ponuditelja)

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Mjesto i datum