**PONUDBENI LIST**

PREDMET NABAVE: SISTEMATSKI ZDRAVSTVENI PREGLED ZAPOSLENIKA

Naziv i sjedište naručitelja:

Centar za rehabilitaciju Pula, Santoriova 11, 52100 Pula

Naziv i sjedište ponuditelja, adresa:

OIB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IBAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ponuditelj je u sustavu PDV-a: DA NE

Ime i prezime osobe za kontakt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon/telefax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adresa elektroničke pošte\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ime, prezime i funkcija ovlaštene osobe za potpisivanje ugovora:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proučivši Poziv za dostavu ponuda u predmetu nabave sistematski pregled zaposlenika , nudimo navedenu robu/radove/usluge sukladno uvjetima iz Poziva za dostavu ponuda, i u skladu s troškovnikom koji se nalazi u prilogu i čini sastavni dio ponude:**

Cijena ponude bez PDV-a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Iznos PDV-a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cijena ponude s PDV-om: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rok valjanosti ponude: 90 dana od dana određenog za dostavu ponude

 Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/potpis ovlaštene osobe ponuditelja/

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