*Prilog broj 1*

**GRAD ŠIBENIK**

OIB: 55644094063

Trg palih branitelja Domovinskog rata 1

22000 Šibenik

**P O N U D B E N I L I S T**

NABAVA USLUGE BRODSKOG PRIJEVOZA PUTNIKA

**Naziv ponuditelja (adresa, OIB ili nacionalni identifikacijski broj, broj računa, navod da je li ponuditelj u sustavu pdv-a):**

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**Kontakt osoba za pojašnjenje ponude, telefon i e-pošta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Cijena za predmet nabave, bez pdv-a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(slovima: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** )

**Iznos pdv-a: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ukupna cijena za predmet nabave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Ako ponuditelj nije u sustavu pdv-a ili je predmet nabave oslobođen pdv-a, na mjesto predviđeno za upis cijene ponude s pdv-om, upisuje se isti iznos kao što je upisan na mjestu predviđenom za upis cijene ponude bez pdv-a, a mjesto predviđeno za upis iznosa pdv-a ostavlja se prazno.*

**Rok valjanosti ponude: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

U **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** dana **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 M.P.

(ime, prezime i potpis ovlaštene osobe ponuditelja)

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