...................................................................

Prezime i ime

....................................................................

Adresa stanovanja

....................................................................

Kontakt telefon

**SLUŽBA ZA ZAJEDNIČKE POSLOVE ORGANA**

**I TIJELA FEDERACIJE BIH**

**HAMDIJE ČEMERLIĆA 2**

**71 000 SARAJEVO**

**PREDMET:** Zahtjev

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

**Podnosilac zahtjeva**

**...........................................**

Sarajevo, ...... / ....... / 2024 god