

E-invoice application form

All fields are mandatory

A) PAYER/INVOICE RECIPIENT:

Name and surname/Company name: _____

Residential address or company seat (street name and number): _____

Post number and town: _____

Telephone no.: _____ E-mail address: _____ Tax number*: _____

B) I WOULD LIKE TO RECEIVE E-INVOICES FOR (mark):

drinking water supply and drainage and treatment of wastewater

No. of consumption point:

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waste management services

Payer ref. no.:

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(The number can be found on the invoice. **Note:** If the payer is billed for several locations/user, the application form shall apply to all locations under the same payer reference number.)

C) I WOULD LIKE TO RECEIVE THE E-INVOICE TO (please select one option):

my e-mail address:

OR

e-banking account:

Please write your bank account number (can be used by account holders signed up to e-banking services; the invoice payer shall be the same as the account holder)

D) STATEMENT

I hereby confirm that an invoice in electronic format can be issued in the period succeeding the application date, whereby data on the user must be consistent with the existing data provided in order to use the services of JP VOKA SNAGA d.o.o..

PLEASE NOTE:

I hereby confirm and agree that I will be billed for provided goods or services in electronic format and that the e-invoice will be sent to the address provided herein. By signing this form I hereby guarantee that the data provided herein is true and correct. I hereby agree that I will notify the company issuing the invoice of any changes to the information provided herein in eight (8) days after the change. I also hereby commit that I will notify issuer of the invoice if the invoice is disputed or rejected.

I hereby confirm that I am aware that JP VOKA SNAGA d.o.o. will process my personal information provided herein in order to process the application and enable e-invoicing and that more information on the processing and protection of personal data is available at: <http://www.vokasnaga.si/jp-vo-ka-snaga/o-druzbi/varstvo-osebnih-podatkov-gdpr> and at the seat of the company at Vodovodna cesta 90, Ljubljana.

* Your tax number is needed in order to identify the user when updating and billing provided services.

Please send the completed and signed form:

- via regular mail to JP VOKA SNAGA d. o. o., Vodovodna cesta 90, 1000 Ljubljana,
- via e-mail (scanned) to vokasnaga@vokasnaga.si.

If you require additional information, please contact us at 080 86 52 or visit www.vokasnaga.si.

Date: _____

Signed by: _____

E) ADDITIONAL INFORMATION:

F) TO BE COMPLETED BY JP VOKA SNAGA d.o.o. :

Application received on: _____

Signed by: _____