



www.zzzs.si

SEPA DIRECT DEBIT MANDATE

	MANDATE REFERENCE NUMBER 0 0 0 To be completed by ZZZS
NEW MANDATE CHANG	E TERMINATION
Date	Date Date
INSURED	PAYER
	Complete only if the insured is not the payer
First name	First name
Last name	 Last name
Address	Address
Postcode and place	Postcode and place
Country	Country
E-mail*:	E mail*·
Phone	Phone
Number*:	Number*:
SLOVENIA Payment account number S156	
Payee	Zavod za zdravstveno zavarovanje Slovenije
Identification code of the payee	SI562ZZ41698070
Street/Headquarters	Miklošičeva cesta 24
Postcode and place	1507 Ljubljana
	yment of contribution for compulsory health insurance ecution deadline is the 18 th of the month
Your rights in relation to consent are set out in the Ger provider or the Slovenian Public Payments Administrat	neral Terms and Conditions, which you can obtain from your payment service tion.
Date of signing the mandate	_
Signature of the insured	Signature of the payer

*Providing an email address and phone number is optional.

By signing this SEPA direct debit mandate, the insured person or payer confirms that I am aware of and that I consent to the processing of my personal data indicated in this consent by ZZZS for the purposes of SEPA direct debit until the withdrawal of this consent is given. ZZZS processes and protects this personal data and ensures and implements

appropriate procedures and security measures in accordance with the applicable regulations on the protection of personal data. The insured person may withdraw his/her consent to the processing of personal data at any time in the same way as he/she gave it. The insured person(s) or the payee(s) shall also have a right of information regarding the personal data concerning him/her, which he/she may address to the following address dpecular-regarding-the-personal-data

	To be completed by ZZZS	
Date of receipt of mandate		
Responsible person (first and last name, signature)		