**AUTHORIZATION**

**in excise duty proceedings**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **INFORMATION ABOUT THE AUTHORIZER:** | | | | | | | | |
| Title / Name and surname | | |  | | | | | |
| Address | | |  | | | | | |
| Tax number | | |  | | | | | |
| Name and surname of legal representative / responsible person \* | | |  | | | | | |
| 1. **INFORMATION ABOUT THE AUTHORIZED REPRESENTATIVE :** | | | | | | | | |
| Title / Name and surname | | |  | | | | | |
| Address | | |  | | | | | |
| Tax number | | |  | | | | | |
| Contact person | | |  | | | | | |
| E-mail address | | |  | | Phone Number | |  | |
| 1. **THe authorization is valid** | | | | | | | | |
|  | **For the submission and review of documents related to fulfilling obligations and exercising rights in the field of excise duties.**  *If you check this set of authorizations, you will grant the authorized person only the rights to work with forms (submission and review of documents) in the E-TROD information system. If you also want your documents related to excise duties to be served on the authorized person, you must submit a separate form to the tax authority* [Vročanje-PE.](https://edavki.durs.si/EdavkiPortal/OpenPortal/CommonPages/Opdynp/PageD.aspx?category=vrocanje_fo) | | | | | | | |
| OR | | | | | | | | |
|  | **For representation in excise procedures related to the fulfillment of obligations and the exercise of rights in the area of excise duties.**  *If you check this set of authorizations, you will authorize the representative to represent you in administrative matters (for example, submission of an application (such as a request for an excise duty refund), withdrawal of an application, submission of an appeal) in the field of excise duties, including the serving of administrative acts issued in these procedures. This set of authorizations also applies to the submission of documents related to the fulfillment of obligations and the exercise of rights in the area of excise duties in the E-TROD information system.* | | | | | | | |
|  | **VALIDITY** | **From** |  | **To** | |  | | **UNTIL CANCELATION** |
|  | **CANCELLATION** | **Date** |  | | | | | |
| *Place and date:* | | | *Signature of the authorized person* | | | | | |

The authorization must be signed by hand and submitted to the financial office Maribor. You can send the authorization scanned in PDF format to the official email address of the financial office mb.fu@gov.si or in paper form by post to the address Titova cesta 10, 2502 Maribor.

* \* The indication of the client's legal representative is mandatory when the client in the proceedings is a legal entity and the authorization is presented by its legal representative (director or other responsible person).