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file number								
supplement forr	n 500	/ pag	je 11			У	ear: 2	021

Nā	ame
Fil	rst name
٧á	ational ID number
OI	R Date of birth
11	ND place of birth
٩r	nnual gross remuneration
SC	ocial insurance contribution paid by the taxpayer
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	Please enter t	he private adress of the sha	reholder							
.230	Additional detail									
.210	Number									
215	Road/street									
220	Postal code									
225	Locality									
205	Country									
290	Percentage he	eld in the share capital								
295	Control type									
		Full ownership		Bare ownership						
		Usufruct		Other						
296	Please provid	e further details on control (	if "other")							
	Holding perio	d								
297		From								
298		То								
350	Profit distribu	tion by the taxpayer								