



**ZADEVA:**

**Soglasje za posredovanje kopije potnega lista na MNZ za CRP – popravek ali kreiranje EMŠA**

**ISSUE:**

***Consent to forward a copy of the passport to the Ministry of the Interior for the CRP - correction or creating of the unique registration number of the citizen (EMŠO)***

Spodaj podpisani [Shail Sebastian], rojen dne [03.01.2004], dajem svoje soglasje, da lahko IBS Mednarodna poslovna šola Ljubljana, Dunajska cesta 158, 1000 Ljubljana, posreduje kopijo mojega potnega lista na Ministrstvo za notranje zadeve za CRP – popravek ali kreiranje EMŠA, zaradi poprave napačno vnesenih podatkov v prijavo na IBS Mednarodna poslovna šola Ljubljana, Dunajska cesta 158, 1000 Ljubljana, ki sem jo oddal na eVŠ.

*I, the undersigned [Shail Sebastian], born on [03.01.2004], hereby give my consent for IBS International Business School Ljubljana, Dunajska cesta 158, 1000 Ljubljana, to forward a copy of my passport to the Ministry of the Interior for CRP - correction or creating of my EMŠO, for the purpose of correcting the incorrect information entered in the application form I submitted to IBS International Business School Ljubljana, Dunajska cesta 158, 1000 Ljubljana, which I submitted to the eVŠ.*

Soglašam, da se v ta namen posreduje kopija potnega lista z vsemi pravilnimi podatki, vključno z imenom, priimkom, številko potnega lista, datumom rojstva, datumom izdaje in državljanstvom.

*I agree that a copy of my passport with all the correct details, including first name, surname, passport number, date of birth, date of issue and nationality, be forwarded for this purpose.*

S tem soglasjem razumem, da bo navedena kopija potnega lista uporabljena izključno za namen, ki je opisan zgoraj, in da bo obravnavana v skladu z veljavno zakonodajo o varstvu osebnih podatkov.

*By giving this consent, I understand that the said copy of the passport will be used solely for the purpose described above and that it will be treated in accordance with applicable data protection legislation.*

To soglasje velja izključno za navedeni namen.

*This consent applies solely for the purpose stated.*

Študent / *Student*: [Shail Sebastian]

Podpis študenta / *Student's signature*: 

Datum podpisa / *Date of signature*: 10/09/2024