

## UNIVERSITY OF ZAGREB SCHOOL OF MEDICINE

### **APPLICATION FEE**

Beneficiary:

Medicinski Fakultet Zagreb - Medical Studies in English

Šalata 3, 10000 Zagreb

OIB 45001686598

Purpose:

Application fee for Medical Studies in English

The amount: 300,00 EUR

**- do not send check**

### **TUITION FEE:**

Beneficiary:

Medicinski Fakultet Zagreb

Šalata 3, 10000 Zagreb

OIB 45001686598

Purpose:

Tuition fee for the Medical Studies in English

### **For payments made from abroad:**

BANK NAME: PRIVREDNA BANKA ZAGREB

BRANCH ADDRESS: Radnička 50

CITY: Zagreb

POST CODE: 10000

SWIFT / BIC CODE: PBZGHR2X

IBAN CODE: HR8423400091110024619

**Details of charge: OUR (all expenses are covered by the applicant)**

### **For payments made in Croatia**

PRIVREDNA BANKA ZAGREB, Radnička 50, 10 000 Zagreb

Account No: HR8423400091110024619

Poziv na broj 5100

### **IMPORTANT NOTE!!!**

When you make payments, please make sure that you provide **your last name**, beneficiary and purpose of payment.