
Changes to legislation: There are outstanding changes not yet made to Regulation (EC) No 1393/2007 of the European Parliament and of the Council. Any changes that have already been made to the legislation appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

Regulation (EC) No 1393/2007 of the European Parliament and of the Council of 13 November 2007 on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters (service of documents), and repealing Council Regulation (EC) No 1348/2000

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ANNEX I

REQUEST FOR SERVICE OF DOCUMENTS

(Article 4(3) of Regulation (EC) No 1393/2007 of the European Parliament and of the Council of 13 November 2007 on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters ⁽¹⁾)

Reference No:

1. TRANSMITTING AGENCY

- 1.1. identity
- 1.2. address
 - 1.2.1. street and number/PO box
 - 1.2.2. place and post code
 - 1.2.3. country
- 1.3. tel.
- 1.4. fax (*)
- 1.5. e-mail (*)

2. RECEIVING AGENCY

- 2.1. identity
- 2.2. address
 - 2.2.1. street and number/PO box
 - 2.2.2. place and post code
 - 2.2.3. country
- 2.3. tel.
- 2.4. fax (*)
- 2.5. e-mail (*)

3. APPLICANT

- 3.1. identity
- 3.2. address
 - 3.2.1. street and number/PO box
 - 3.2.2. place and post code
 - 3.2.3. country
- 3.3. tel. (*)
- 3.4. fax (*)
- 3.5. e-mail (*)

⁽¹⁾ OJ L 324, 10.12.2007, p. 79.

(*) This item is optional.

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4. ADDRESSEE

- 4.1. identity
- 4.2. address
 - 4.2.1. street and number/PO box
 - 4.2.2. place and post code
 - 4.2.3. country
- 4.3. tel. (*)
- 4.4. fax (*)
- 4.5. e-mail (*)
- 4.6. identification number/social security number/organisation number/or equivalentl (*)

5. METHOD OF SERVICE

- 5.1. in accordance with the law of the Member State addressed
- 5.2. by the following particular method
 - 5.2.1. if this method is incompatible with the law of the Member State addressed, the document(s) should be served in accordance with the law of that Member State.
 - 5.2.1.1. yes
 - 5.2.1.2. no

6. DOCUMENT TO BE SERVED

- 6.1. nature of the document
 - 6.1.1. judicial
 - 6.1.1.1. writ of summons
 - 6.1.1.2. judgment
 - 6.1.1.3. appeal
 - 6.1.1.4. other
 - 6.1.2. extrajudicial
- 6.2. date or time limit after which service is no longer required (*)
... (day) ... (month) ... (year)
- 6.3. language of document
 - 6.3.1. original (BG, ES, CS, DE, ET, EL, EN, FR, GA, ►¹⁾HR, ◄ IT, LV, LT, HU, MT, NL, PL, PT, RO, SK, SL, FI, SV, other):
 - 6.3.2. translation (*) (BG, ES, CS, DE, ET, EL, EN, FR, GA, ►²⁾HR, ◄ IT, LV, LT, HU, MT, NL, PL, PT, RO, SK, SL, FI, SV, other):
- 6.4. number of enclosures

7. A COPY OF DOCUMENT TO BE RETURNED WITH THE CERTIFICATE OF SERVICE (Article 4(5) of Regulation (EC) No 1393/2007)

- 7.1. yes (in this case send two copies of the document to be served)
- 7.2. no

(*) This item is optional.

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1. You are required by Article 7(2) of Regulation (EC) No 1393/2007 to take all necessary steps to effect the service of the document as soon as possible, and in any event within one month of receipt. If it has not been possible for you to effect service within one month of receipt, you must inform this agency by indicating this in point 13 of the certificate of service or non-service of documents.
2. If you cannot fulfil this request for service on the basis of the information or documents transmitted, you are required by Article 6(2) of Regulation (EC) No 1393/2007 to contact this agency by the swiftest possible means in order to secure the missing information or document.

Done at

Date

Signature and/or stamp

Reference No of the transmitting agency

Reference No of the receiving agency

ACKNOWLEDGEMENT OF RECEIPT

(Article 6(1) of Regulation (EC) No 1393/2007 of the European Parliament and of the Council of 13 November 2007 on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters)

This acknowledgement must be sent by the swiftest possible means of transmission as soon as possible after receipt of the document and in any event within seven days of receipt.

8. DATE OF RECEIPT

Done at

Date

Signature and/or stamp

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Reference No of the transmitting agency

Reference No of the receiving agency

NOTICE OF RETURN OF REQUEST AND DOCUMENT

(Article 6(3) of Regulation (EC) No 1393/2007 of the European Parliament and of the Council of 13 November 2007 on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters ⁽¹⁾)

The request and document must be returned on receipt.

9. REASON FOR RETURN

- 9.1. the request is manifestly outside the scope of the Regulation
 - 9.1.1. the document is not civil or commercial
 - 9.1.2. the service is not from one Member State to another Member State
- 9.2. non-compliance with the formal conditions required makes service impossible
 - 9.2.1. the document is not easily legible
 - 9.2.2. the language used to complete the form is incorrect
 - 9.2.3. the document received is not a true and faithful copy
 - 9.2.4. other (please give details)
- 9.3. the method of service is incompatible with the law of the Member State addressed (Article 7(1) of Regulation (EC) No 1393/2007)

Done at

Date

Signature and/or stamp

⁽¹⁾ OJ L 324, 10.12.2007, p. 79.

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Reference No of the transmitting agency:

Reference No of the receiving agency:

NOTICE OF RETRANSMISSION OF REQUEST AND DOCUMENT TO THE APPROPRIATE RECEIVING AGENCY
(Article 6(4) of Regulation (EC) No 1393/2007 of the European Parliament and of the Council of 13 November 2007 on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters ⁽¹⁾)

The request and document were forwarded to the following receiving agency, which has territorial jurisdiction to serve it:

- 10. APPROPRIATE RECEIVING AGENCY
- 10.1. identity
- 10.2. address
 - 10.2.1. street and number/PO box
 - 10.2.2. place and post code
 - 10.2.3. country
- 10.3. tel.
- 10.4. fax (*)
- 10.5. e-mail (*)

Done at

Date

Signature and/or stamp

⁽¹⁾ OJ L 324, 10.12.2007, p. 79.

^(*) This item is optional.

Changes to legislation: *There are outstanding changes not yet made to Regulation (EC) No 1393/2007 of the European Parliament and of the Council. Any changes that have already been made to the legislation appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes*

Reference No of the transmitting agency:

Reference No of the appropriate receiving agency:

NOTICE OF RECEIPT BY THE APPROPRIATE RECEIVING AGENCY HAVING TERRITORIAL JURISDICTION TO THE
TRANSMITTING AGENCY

(Article 6(4) of Regulation (EC) No 1393/2007 of the European Parliament and of the Council of 13 November 2007 on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters⁽¹⁾)

This notice must be sent by the swiftest possible means of transmission as soon as possible after receipt of the document and in any event within seven days of receipt.

11. DATE OF RECEIPT

Done at

Date

Signature and/or stamp

⁽¹⁾ OJ L 324, 10.12.2007, p. 79.

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Reference No of the transmitting agency

Reference No of the receiving agency

CERTIFICATE OF SERVICE OR NON-SERVICE OF DOCUMENTS

(Article 10 of Regulation (EC) No 1393/2007 of the European Parliament and of the Council of 13 November 2007 on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters ⁽¹⁾)

The service shall be effected as soon as possible. If it has not been possible to effect service within one month of receipt, the receiving agency shall inform the transmitting agency (Article 7(2) of Regulation (EC) No 1393/2007)

- 12. COMPLETION OF SERVICE
- 12.1. date and address of service
- 12.2. the document was
 - 12.2.1. served in accordance with the law of the Member State addressed, namely
 - 12.2.1.1. handed to
 - 12.2.1.1.1. the addressee in person
 - 12.2.1.1.2. another person
 - 12.2.1.1.2.1. name
 - 12.2.1.1.2.2. address
 - 12.2.1.1.2.2.1. street and number/PO box
 - 12.2.1.1.2.2.2. place and post code
 - 12.2.1.1.2.2.3. country
 - 12.2.1.1.2.3. relation to the addressee
 - family ... employee ... other ...
 - 12.2.1.1.3. the addressee's address
 - 12.2.1.2. served by postal services
 - 12.2.1.2.1. without acknowledgement of receipt
 - 12.2.1.2.2. with the enclosed acknowledgement of receipt
 - 12.2.1.2.2.1. from the addressee
 - 12.2.1.2.2.2. from another person
 - 12.2.1.2.2.2.1. name
 - 12.2.1.2.2.2.2. address
 - 12.2.1.2.2.2.2.1. street and number/PO box
 - 12.2.1.2.2.2.2.2. place and post code
 - 12.2.1.2.2.2.2.3. country
 - 12.2.1.2.2.2.3. relation to the addressee
 - family ... employee ... other ...

⁽¹⁾ OJ L 324, 10.12.2007, p. 79.

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12.2.1.3. served by another method (please state how)

12.2.2. served by the following particular method (please state how)

12.3. The addressee of the document was informed in writing that he may refuse to accept the document if it is not written in or accompanied by a translation into either a language which he understands or the official language or one of the official languages of the place of service.

13. INFORMATION IN ACCORDANCE WITH ARTICLE 7(2) of Regulation (EC) No 1393/2007

It was not possible to effect service within one month of receipt.

14. REFUSAL OF DOCUMENT

The addressee refused to accept the document on account of the language used. The document is annexed to this certificate.

15. REASON FOR NON-SERVICE OF DOCUMENT

15.1. address unknown

15.2. addressee cannot be located

15.3. document could not be served before the date or time limit stated in point 6.2.

15.4. other (please specify)

The document is annexed to this certificate.

Done at

Date

Signature and/or stamp

—

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ANNEX II

**INFORMATION TO THE ADDRESSEE ABOUT THE RIGHT TO REFUSE TO ACCEPT A DOCUMENT
(Article 8(1) of Regulation (EC) No 1393/2007 of the European Parliament and of the Council of
13 November 2007 on the service in the Member States of judicial and extrajudicial documents
in civil or commercial matters ⁽¹⁾)**

BG:

Приложеният документ се връчва съгласно Регламент (ЕО) № 1393/2007 на Европейския парламент и на Съвета относно връчване в държавите-членки на съдебни и извънсъдебни документи по граждански или търговски дела.

Можете да откажете да приемете документа, ако не е написан или придружен от превод на някой от езиците, които разбирате, на официалния език или на един от официалните езици на мястото на връчването.

Ако желаете да упражните това си право, трябва да откажете да приемете документа по време на самото връчване направо на връчващото документа лице или да го върнете в едноседмичен срок на посочения по-долу адрес, като заявите, че отказвате да го приемете.

АДРЕС:

1. Наименование:
2. Адрес:
 - 2.1. Улица и номер/п.к.:
 - 2.2. Населено място и пощенски код:
 - 2.3. Държава:
3. Телефон.:
4. Факс (*):
5. Адрес за електронна поща (*):

ДЕКЛАРАЦИЯ НА АДРЕСАТА:

Отказвам да приема приложения документ, защото не е написан или придружен от превод на някой от езиците, които разбирам, на официалния език или на един от официалните езици на мястото на връчването.

Разбирам следния(те) език(ци):

- | | | | |
|-----------|--------------------------|------------------|--------------------------|
| английски | <input type="checkbox"/> | нидерландски | <input type="checkbox"/> |
| български | <input type="checkbox"/> | полски | <input type="checkbox"/> |
| гръцки | <input type="checkbox"/> | португалски | <input type="checkbox"/> |
| естонски | <input type="checkbox"/> | румънски | <input type="checkbox"/> |
| ирландски | <input type="checkbox"/> | словашки | <input type="checkbox"/> |
| латвийски | <input type="checkbox"/> | фински | <input type="checkbox"/> |
| литовски | <input type="checkbox"/> | френски | <input type="checkbox"/> |
| малтийски | <input type="checkbox"/> | чешки | <input type="checkbox"/> |
| немски | <input type="checkbox"/> | шведски | <input type="checkbox"/> |
| друг | <input type="checkbox"/> | (моля пояснете): | |

Съставено във:

Дата:

Подпис и/или печат:

⁽¹⁾ OJ L 324, 10.12.2007, p. 79.

^(*) Тази информация не е задължителна.

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CS:

Příložená písemnost je doručována v souladu s nařízením Evropského parlamentu a Rady (ES) č. 1393/2007 o doručování soudních a mimosoudních písemností ve věcech občanských a obchodních v členských státech.

Můžete odmítnout přijetí písemnosti, není-li vyhotovena v jazyce, kterému rozumíte, nebo v úředním jazyce nebo v jednom z úředních jazyků místa doručení nebo k ní není přiložen překlad do jednoho z těchto jazyků.

Přejete-li si využít tohoto práva, musíte odmítnout přijetí písemnosti v okamžiku doručení přímo osobě, která písemnost doručuje, nebo písemnost zaslat zpět na níže uvedenou adresu ve lhůtě jednoho týdne s prohlášením, že tuto písemnost odmítáte převzít.

ADRESA:

1. Jméno:
2. Adresa:
 - 2.1 Ulice a číslo/poštovní přihrádka:
 - 2.2 Místo a poštovní směrovací číslo:
 - 2.3 Země:
3. Telefon:
4. Fax (*):
5. E-mail (*):

PROHLÁŠENÍ ADRESÁTA:

Odmítám přijetí připojené písemnosti, neboť není vyhotovena v jazyce, kterému rozumím, nebo v úředním jazyce nebo v jednom z úředních jazyků místa doručení, ani k ní není přiložen překlad do jednoho z těchto jazyků.

Rozumím tomuto jazyku (těmto jazykům):

- | | | | |
|---------------|--------------------------|-------------------------|--------------------------|
| bulharština | <input type="checkbox"/> | litevština | <input type="checkbox"/> |
| španělština | <input type="checkbox"/> | maďarština | <input type="checkbox"/> |
| čeština | <input type="checkbox"/> | maltština | <input type="checkbox"/> |
| němčina | <input type="checkbox"/> | nizozemština | <input type="checkbox"/> |
| estonština | <input type="checkbox"/> | polština | <input type="checkbox"/> |
| řečtina | <input type="checkbox"/> | portugalština | <input type="checkbox"/> |
| angličtina | <input type="checkbox"/> | rumunština | <input type="checkbox"/> |
| francouzština | <input type="checkbox"/> | slovenština | <input type="checkbox"/> |
| irština | <input type="checkbox"/> | slovinština | <input type="checkbox"/> |
| italština | <input type="checkbox"/> | finština | <input type="checkbox"/> |
| lotyština | <input type="checkbox"/> | švédština | <input type="checkbox"/> |
| ostatní | <input type="checkbox"/> | prosím upřesněte: | |

Vyhotoveno v:

Dne:

Podpis nebo razítko:

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DE:

Die Zustellung des beigefügten Schriftstücks erfolgt im Einklang mit der Verordnung (EG) Nr. 1393/2007 des Europäischen Parlaments und des Rates über die Zustellung gerichtlicher und außergerichtlicher Schriftstücke in Zivil- oder Handelssachen in den Mitgliedstaaten.

Sie können die Annahme dieses Schriftstücks verweigern, wenn es weder in einer Sprache, die Sie verstehen, noch in einer Amtssprache oder einer der Amtssprachen des Zustellungsortes abgefasst ist, oder wenn ihm keine Übersetzung in einer dieser Sprachen beigefügt ist.

Wenn Sie von Ihrem Annahmeverweigerungsrecht Gebrauch machen wollen, müssen Sie dies entweder sofort bei der Zustellung gegenüber der das Schriftstück zustellenden Person erklären oder das Schriftstück binnen einer Woche nach der Zustellung an die nachstehende Anschrift mit der Angabe zurücksenden, dass Sie die Annahme verweigern.

ANSCHRIFT:

1. Name/Bezeichnung:
2. Anschrift:
 - 2.1. Straße und Hausnummer/Postfach:
 - 2.2. PLZ und Ort:
 - 2.3. Staat:
3. Tel.
4. Fax (*)
5. E-Mail (*):

ERKLÄRUNG DES EMPFÄNGERS

Ich verweigere die Annahme des beigefügten Schriftstücks, da es entweder nicht in einer Sprache, die ich verstehe, oder nicht in einer Amtssprache oder einer der Amtssprachen des Zustellungsortes abgefasst ist oder da dem Schriftstück keine Übersetzung in einer dieser Sprachen beigefügt ist.

Ich verstehe die folgende(n) Sprache(n):

- | | | | |
|-------------|--------------------------|----------------------|--------------------------|
| Bulgarisch | <input type="checkbox"/> | Litauisch | <input type="checkbox"/> |
| Spanisch | <input type="checkbox"/> | Ungarisch | <input type="checkbox"/> |
| Tschechisch | <input type="checkbox"/> | Maltesisch | <input type="checkbox"/> |
| Deutsch | <input type="checkbox"/> | Niederländisch | <input type="checkbox"/> |
| Estnisch | <input type="checkbox"/> | Polnisch | <input type="checkbox"/> |
| Griechisch | <input type="checkbox"/> | Portugiesisch | <input type="checkbox"/> |
| Englisch | <input type="checkbox"/> | Rumänisch | <input type="checkbox"/> |
| Französisch | <input type="checkbox"/> | Slowakisch | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Slowenisch | <input type="checkbox"/> |
| Italienisch | <input type="checkbox"/> | Finnisch | <input type="checkbox"/> |
| Lettisch | <input type="checkbox"/> | Schwedisch | <input type="checkbox"/> |
| Sonstige | <input type="checkbox"/> | bitte angeben: | |

Geschehen zu:

am:

Unterschrift und/oder Stempel:

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EL:

Το συνημμένο έγγραφο σας επιδίδεται ή κοινοποιείται σύμφωνα με τον κανονισμό (ΕΚ) αριθ. 1393/2007 του Ευρωπαϊκού Κοινοβουλίου και του Συμβουλίου περί επιδόσεως και κοινοποίησης στα κράτη μέλη δικαστικών και εξωδικών πράξεων σε αστικές ή εμπορικές υποθέσεις.

Έχετε δικαίωμα να αρνηθείτε την παραλαβή της πράξης εφόσον δεν είναι συνταγμένη ή δεν συνοδεύεται από μετάφραση σε γλώσσα την οποία κατανοείτε ή στην επίσημη γλώσσα ή σε μία από τις επίσημες γλώσσες του τόπου επίδοσης ή κοινοποίησης.

Εάν επιθυμείτε να ασκήσετε αυτό το δικαίωμα, πρέπει είτε να δηλώσετε την άρνηση παραλαβής κατά τη χρονική στιγμή της επίδοσης ή κοινοποίησης απευθείας στο πρόσωπο που επιδίδει ή κοινοποιεί την πράξη, είτε να την επιστρέψετε εντός μιας εβδομάδας στη διεύθυνση που αναφέρεται κατωτέρω, δηλώνοντας ότι αρνείστε την παραλαβή της.

ΔΙΕΥΘΥΝΣΗ:

1. Όνομα:
2. Διεύθυνση:
 - 2.1. Οδός και αριθμός/ταχυδρομική θυρίδα:
 - 2.2. Τόπος και ταχυδρομικός τομέας:
 - 2.3. Χώρα:
3. Τηλέφωνο:
4. Φαξ (*):
5. Ηλεκτρονικό ταχυδρομείο (*):

ΔΗΛΩΣΗ ΤΟΥ ΠΑΡΑΛΗΠΤΗ:

Αρνούμαι να παραλάβω την πράξη διότι δεν είναι συνταγμένη ή δεν συνοδεύεται από μετάφραση σε γλώσσα την οποία κατανοώ ή στην επίσημη γλώσσα ή σε μια από τις επίσημες γλώσσες του τόπου επίδοσης ή κοινοποίησης.

Κατανοώ την ακόλουθη/ες γλώσσα/ες:

- | | | | |
|------------|--------------------------|--------------------------------|--------------------------|
| Βουλγαρικά | <input type="checkbox"/> | Λεττονικά | <input type="checkbox"/> |
| Ισπανικά | <input type="checkbox"/> | Λιθουανικά | <input type="checkbox"/> |
| Τσεχικά | <input type="checkbox"/> | Ουγγρικά | <input type="checkbox"/> |
| Δανικά | <input type="checkbox"/> | Μαλτέζικα | <input type="checkbox"/> |
| Γερμανικά | <input type="checkbox"/> | Ολλανδικά | <input type="checkbox"/> |
| Εσθονικά | <input type="checkbox"/> | Πολωνικά | <input type="checkbox"/> |
| Ελληνικά | <input type="checkbox"/> | Πορτογαλικά | <input type="checkbox"/> |
| Αγγλικά | <input type="checkbox"/> | Ρουμανικά | <input type="checkbox"/> |
| Γαλλικά | <input type="checkbox"/> | Σλοβακικά | <input type="checkbox"/> |
| Ιρλανδικά | <input type="checkbox"/> | Σλοβενικά | <input type="checkbox"/> |
| Ιταλικά | <input type="checkbox"/> | Σουηδικά | <input type="checkbox"/> |
| Φινλανδικά | <input type="checkbox"/> | (Παρακαλώ προσδιορίστε): | |
| Άλλες | <input type="checkbox"/> | | |

Τόπος:

Ημερομηνία:

Υπογραφή ή/και σφραγίδα:

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EN:

The enclosed document is served in accordance with Regulation (EC) No 1393/2007 of the European Parliament and of the Council on the service in the Member States of judicial and extrajudicial documents in civil or commercial matters.

You may refuse to accept the document if it is not written in or accompanied by a translation into either a language which you understand or the official language or one of the official languages of the place of service.

If you wish to exercise this right, you must refuse to accept the document at the time of service directly with the person serving the document or return it to the address indicated below within one week stating that you refuse to accept it.

ADDRESS

- 1. identity
- 2. address
 - 2.1. street and number/PO box
 - 2.2. place and post code
 - 2.3. country
- 3. tel.
- 4. fax (*)
- 5. e-mail (*)

DECLARATION OF THE ADDRESSEE:

I refuse to accept the document attached hereto because it is not written in or accompanied by a translation into either a language which I understand or the official language or one of the official languages of the place of service.

I understand the following language(s)

- | | | | |
|-----------|--------------------------|-------------------------|--------------------------|
| Bulgarian | <input type="checkbox"/> | Lithuanian | <input type="checkbox"/> |
| Spanish | <input type="checkbox"/> | Hungarian | <input type="checkbox"/> |
| Czech | <input type="checkbox"/> | Maltese | <input type="checkbox"/> |
| German | <input type="checkbox"/> | Dutch | <input type="checkbox"/> |
| Estonian | <input type="checkbox"/> | Polish | <input type="checkbox"/> |
| Greek | <input type="checkbox"/> | Portuguese | <input type="checkbox"/> |
| English | <input type="checkbox"/> | Romanian | <input type="checkbox"/> |
| French | <input type="checkbox"/> | Slovak | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | Slovene | <input type="checkbox"/> |
| Italian | <input type="checkbox"/> | Finnish | <input type="checkbox"/> |
| Latvian | <input type="checkbox"/> | Swedish | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | (please specify): | |

Done at:

Date:

Signature and/or stamp:

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ES:

El documento adjunto se notifica o traslada de conformidad con el Reglamento (CE) nº 1393/2007 del Parlamento Europeo y del Consejo, relativo a la notificación y al traslado en los Estados miembros de documentos judiciales y extrajudiciales en materia civil o mercantil.

Puede usted negarse a aceptar el documento si no está redactado en una lengua que usted entienda o en una lengua oficial o una de las lenguas oficiales del lugar de notificación o traslado, o si no va acompañado de una traducción a alguna de esas lenguas.

Si desea usted ejercer este derecho, debe negarse a aceptar el documento en el momento de la notificación o traslado directamente ante la persona que notifique o traslade el documento o devolverlo a la dirección que se indica a continuación dentro del plazo de una semana, declarando que se niega a aceptarlo.

DIRECCIÓN

1. Nombre:
2. Dirección:
 - 2.1. Calle y número/apartado de correos:
 - 2.2. Lugar y código postal:
 - 2.3. País:
3. Tel.:
4. Fax (*):
5. Dirección electrónica (*):

DECLARACIÓN DEL DESTINATARIO:

Me niego a aceptar el documento adjunto porque no está redactado en una lengua que yo entienda o en la lengua oficial o una de las lenguas oficiales del lugar de notificación o traslado, o por no ir acompañado de una traducción a alguna de esas lenguas.

Las lenguas que entiendo son las siguientes:

- | | | | |
|----------|--------------------------|----------------------------|--------------------------|
| búlgaro | <input type="checkbox"/> | lituano | <input type="checkbox"/> |
| español | <input type="checkbox"/> | húngaro | <input type="checkbox"/> |
| checo | <input type="checkbox"/> | maltés | <input type="checkbox"/> |
| alemán | <input type="checkbox"/> | neerlandés | <input type="checkbox"/> |
| estonio | <input type="checkbox"/> | polaco | <input type="checkbox"/> |
| griego | <input type="checkbox"/> | portugués | <input type="checkbox"/> |
| inglés | <input type="checkbox"/> | rumano | <input type="checkbox"/> |
| francés | <input type="checkbox"/> | eslovaco | <input type="checkbox"/> |
| irlandés | <input type="checkbox"/> | esloveno | <input type="checkbox"/> |
| italiano | <input type="checkbox"/> | finés | <input type="checkbox"/> |
| letón | <input type="checkbox"/> | sueco | <input type="checkbox"/> |
| Otra | <input type="checkbox"/> | (se ruega precisar): | |

Hecho en:

Fecha:

Firma y/o sello:

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ET:

Lisatud dokument toimetatakse kätte vastavalt Euroopa Parlamendi ja nõukogu määrusele (EÜ) nr 1393/2007 kohtu- ja kohtuväliste dokumentide Euroopa Liidu liikmesriikides kättetoimetamise kohta tsiviil- ja kaubandusajades.

Te võite keelduda dokumenti vastu võtmast, kui see ei ole koostatud Teile arusaadavas keeles või kättetoimetamiskoha ametlikus keeles või ühes ametlikest keeltest või kui dokumendile ei ole lisatud tõlget ühte nimetatud keeltest.

Kui Te soovite nimetatud õigust kasutada, peate keelduma dokumendi vastuvõtmisest vahetult selle kättetoimetamise ajal, tagastades dokumendi seda kättetoimetavale isikule, või tagastama dokumendi allpool esitatud aadressile ühe nädala jooksul, märkides, et Te keeldute selle vastuvõtmisest.

ADDRESS:

1. Nimi:
2. Aadress:
 - 2.1. Tänav ja maja number/postkast:
 - 2.2. Linn/vald ja sihtnumber:
 - 2.3. Riik:
3. Tel:
4. Faks(*):
5. E-post(*):

ADRESSAADI AVALDUS

Keeldun lisatud dokumendi vastuvõtmisest, kuna see ei ole kirjutatud ei mulle arusaadavas keeles ega kättetoimetamiskoha ametlikus keeles või ühes ametlikest keeltest ning dokumendile ei ole lisatud tõlget ühte nimetatud keeltest.

Saan aru järgmis(t)est keel(t)est:

- | | | | |
|-----------|--------------------------|---------------------------|--------------------------|
| bulgaaria | <input type="checkbox"/> | leedu | <input type="checkbox"/> |
| hispaania | <input type="checkbox"/> | ungari | <input type="checkbox"/> |
| tšehhi | <input type="checkbox"/> | malta | <input type="checkbox"/> |
| saksa | <input type="checkbox"/> | hollandi | <input type="checkbox"/> |
| eesti | <input type="checkbox"/> | poola | <input type="checkbox"/> |
| kreeka | <input type="checkbox"/> | portugali | <input type="checkbox"/> |
| inglise | <input type="checkbox"/> | rumeenia | <input type="checkbox"/> |
| prantsuse | <input type="checkbox"/> | slovaki | <input type="checkbox"/> |
| iiri | <input type="checkbox"/> | sloveeni | <input type="checkbox"/> |
| itaalia | <input type="checkbox"/> | soome | <input type="checkbox"/> |
| läti | <input type="checkbox"/> | rootsi | <input type="checkbox"/> |
| muu | <input type="checkbox"/> | (palun täpsustada): | |

Koht:

Kuupäev:

Allkiri ja/või pitser:

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FI:

Oheinen asiakirja annetaan tiedoksi oikeudenkäynti- ja muiden asiakirjojen tiedoksiannosta jäsenvaltioissa siviili- tai kauppaoikeudellisissa asioissa annetun Euroopan parlamentin ja neuvoston asetuksen (EY) N:o 1393/2007 mukaisesti.

Voitte kieltäytyä vastaanottamasta asiakirjaa, jollei se ole kirjoitettu jollakin kielellä, jota ymmärrätte, tai tiedoksiantopaikan virallisella kielellä tai yhdellä niistä, tai jollei mukana ole käännöstä jollekin näistä kielistä.

Jos haluatte käyttää tätä oikeuttanne, teidän on kieltäydyttävä vastaanottamasta asiakirjaa tiedoksiannon yhteydessä ilmoittamalla tästä suoraan asiakirjan toimittavalle henkilölle tai palautettava asiakirja viikon kuluessa jäljempänä olevaan osoitteeseen todeten, että kieltäydytte vastaanottamisesta.

OSOITE:

1. Nimi:
2. Osoite:
 - 2.1. Lähiosoite:
 - 2.2. Postinumero ja postitoimipaikka:
 - 2.3. Maa:
3. Puhelin:
4. Faksi (*):
5. Sähköpostiosoite (*):

VASTAANOTTAJAN ILMOITUS:

Kieltäydyn vastaanottamasta oheista asiakirjaa, koska sitä ei ole kirjoitettu ymmärtämälläni kielellä eikä tiedoksiantopaikan virallisella kielellä tai yhdellä niistä eikä mukana ole käännöstä jollekin näistä kielistä.

Ymmärrän seuraavaa kieltä / seuraavia kieliä:

- | | | | |
|----------|--------------------------|-----------------------|--------------------------|
| bulgaria | <input type="checkbox"/> | liettua | <input type="checkbox"/> |
| espanja | <input type="checkbox"/> | unkari | <input type="checkbox"/> |
| tšekki | <input type="checkbox"/> | malta | <input type="checkbox"/> |
| saksa | <input type="checkbox"/> | hollanti | <input type="checkbox"/> |
| viro | <input type="checkbox"/> | puola | <input type="checkbox"/> |
| kreikka | <input type="checkbox"/> | portugali | <input type="checkbox"/> |
| englanti | <input type="checkbox"/> | romania | <input type="checkbox"/> |
| ranska | <input type="checkbox"/> | slovakki | <input type="checkbox"/> |
| iiri | <input type="checkbox"/> | sloveeni | <input type="checkbox"/> |
| italia | <input type="checkbox"/> | suomi | <input type="checkbox"/> |
| latvia | <input type="checkbox"/> | ruotsi | <input type="checkbox"/> |
| muu | <input type="checkbox"/> | (tarkennetaan): | |

Paikka:

Päivämäärä:

Allekirjoitus ja/tai leima:

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FR:

L'acte ci-joint est signifié ou notifié conformément au règlement (CE) n° 1393/2007 du Parlement européen et du Conseil du 13 novembre 2007 relatif à la signification et à la notification dans les États membres des actes judiciaires et extrajudiciaires en matière civile ou commerciale.

Vous pouvez refuser de recevoir l'acte s'il n'est pas rédigé ou accompagné d'une traduction dans une langue que vous comprenez ou dans la langue officielle ou l'une des langues officielles du lieu de signification ou de notification.

Si vous souhaitez exercer ce droit de refus, vous devez soit faire part de votre refus de recevoir l'acte au moment de la signification ou de la notification directement à la personne signifiant ou notifiant l'acte, soit le renvoyer à l'adresse indiquée ci-dessous dans un délai d'une semaine en indiquant que vous refusez de le recevoir.

ADRESSE:

1. Nom:
2. Adresse:
3. Téléphone:
- 2.1. Numéro/boîte postale et rue:
- 2.2. Localité et code postal
- 2.3. Pays:
4. Télécopieur (*):
5. Adresse électronique (*):

DÉCLARATION DU DESTINATAIRE

Je, soussigné, refuse de recevoir l'acte ci-joint parce qu'il n'est pas rédigé ou accompagné d'une traduction dans une langue que je comprends ou dans la langue officielle ou l'une des langues officielles du lieu de signification ou de notification.

Je comprends la ou les langues suivantes:

- | | | | |
|-----------|--------------------------|-------------------|--------------------------|
| Bulgare | <input type="checkbox"/> | Lituanien | <input type="checkbox"/> |
| Espagnol | <input type="checkbox"/> | Hongrois | <input type="checkbox"/> |
| Tchèque | <input type="checkbox"/> | Maltais | <input type="checkbox"/> |
| Allemand | <input type="checkbox"/> | Néerlandais | <input type="checkbox"/> |
| Estonien | <input type="checkbox"/> | Polonais | <input type="checkbox"/> |
| Grec | <input type="checkbox"/> | Portugais | <input type="checkbox"/> |
| Anglais | <input type="checkbox"/> | Roumain | <input type="checkbox"/> |
| Français | <input type="checkbox"/> | Slovaque | <input type="checkbox"/> |
| Irlandais | <input type="checkbox"/> | Slovène | <input type="checkbox"/> |
| Italien | <input type="checkbox"/> | Finnois | <input type="checkbox"/> |
| Letton | <input type="checkbox"/> | Suédois | <input type="checkbox"/> |
| Autre | <input type="checkbox"/> | (préciser): | |

Fait à:

Date:

Signature et/ou cachet:

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GA:

Tá an doiciméad atá faoi iamh á sheirbheáil i gcomhréir le Rialachán (CE) Uimh. 1393/2007 ó Pharlaimint na hEorpa agus ón gComhairle maidir le doiciméid bhreithiúnacha agus sheachbhreithiúnacha a sheirbheáil sna Ballstáit in ábhair shibhialta nó in ábhair tráchtála.

Féadfaidh tú diúltú glacadh leis an doiciméad mura mbeidh sé scríofa i dteanga a thuigeann tú nó i dteanga oifigiúil nó i gceann de theangacha oifigiúla áit na seirbheála nó mura mbeidh aistriúchán go teanga a thuigeann tú nó go teanga oifigiúil áit na seirbheála nó go ceann de theangacha oifigiúla áit na seirbheála ag gabháil leis.

Más mian leat an ceart seo a fheidhmiú, ní mór duit diúltú glacadh leis an doiciméad as láimh tráth na seirbheála ón duine a sheirbheálann é, nó é a chur ar ais laistigh de sheachtain chuig an seoladh a shonraítear thíos, mar aon le ráiteas go bhfuil tú ag diúltú glacadh leis.

SEOLADH:

1. Ainm:
2. Seoladh:
 - 2.1. Sráid agus uimhir/bosca poist:
 - 2.2. Áit agus cód poist:
 - 2.3. Tír:
3. Teil:
4. Facs (*):
5. Seoladh r-phoist (*):

DEARBHÚ ÓN SEOLAÍ:

Diúltaim glacadh leis an doiciméad atá faoi cheangal leis seo de bharr nach bhfuil sé scríofa i dteanga a thuigim nó i dteanga oifigiúil nó i gceann de theangacha oifigiúla áit na seirbheála agus nach bhfuil aistriúchán go teanga a thuigim nó go teanga oifigiúil áit na seirbheála nó go ceann de theangacha oifigiúla áit na seirbheála ag gabháil leis.

Tuigim an teanga/na teangacha a leanas:

- | | | | |
|-------------|--------------------------|--|--------------------------|
| Bulgáiris | <input type="checkbox"/> | Liotuáinis | <input type="checkbox"/> |
| Spáinnis | <input type="checkbox"/> | Ungáiris | <input type="checkbox"/> |
| Seicis | <input type="checkbox"/> | Máltais | <input type="checkbox"/> |
| Gearmáinis | <input type="checkbox"/> | Ollainnis | <input type="checkbox"/> |
| Eastóinis | <input type="checkbox"/> | Polainnis | <input type="checkbox"/> |
| Gréigis | <input type="checkbox"/> | Portaingéilis | <input type="checkbox"/> |
| Béarla | <input type="checkbox"/> | Rómáinis | <input type="checkbox"/> |
| Fraincis | <input type="checkbox"/> | Slóvaicis | <input type="checkbox"/> |
| Gaeilge | <input type="checkbox"/> | Slóivéinis | <input type="checkbox"/> |
| Iodáilis | <input type="checkbox"/> | Fionlainnis | <input type="checkbox"/> |
| Laitvis | <input type="checkbox"/> | Sualainnis | <input type="checkbox"/> |
| Teanga eile | <input type="checkbox"/> | (sonraigh an teanga, le do thoil): | |

Arna dhéanamh i/sa:

Dáta:

Síniú agus/nó stampa:

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'HR:

Priloženo pismeno dostavlja se sukladno Uredbi (EZ) br. 1393/2007 Europskog parlamenta i Vijeća o dostavi sudskih i izvansudskih pismena u građanskim ili trgovačkim stvarima u državama članicama.

Pismeno možete odbiti primiti ako ono nije sastavljeno na jeziku koji razumijete ili na službenom jeziku ili jednom od službenih jezika mjesta u kojem se pismeno dostavlja, niti je uz njega priložen prijevod na neki od tih jezika.

Ako želite koristiti to pravo, morate odbiti primiti pismeno odmah kod dostave i to izjaviti neposredno osobi koja obavlja dostavu, ili vratiti pismeno na dolje navedenu adresu u roku od jednog tjedna uz izjavu da ga odbijate primiti.

ADRESA

1. Ime:
2. Adresa:
 - 2.1. Ulica i broj/poštanski pretinac:
 - 2.2. Mjesto i poštanski broj:
 - 2.3. Država:
3. Telefon:
4. Telefaks (*):
5. E-mail (*):

IZJAVA PRIMATELJA:

Odbijam primiti priloženo pismeno jer nije sastavljeno na jeziku koji razumijem ili na službenom jeziku ili jednom od službenih jezika mjesta u kojem se ono dostavlja, niti je uz njega priložen prijevod na neki od tih jezika.

Razumijem sljedeći(e) jezik(e)

- | | | | |
|------------|--------------------------|-------------------------|--------------------------|
| bugarski | <input type="checkbox"/> | litvanski | <input type="checkbox"/> |
| španjolski | <input type="checkbox"/> | mađarski | <input type="checkbox"/> |
| češki | <input type="checkbox"/> | malteški | <input type="checkbox"/> |
| njemački | <input type="checkbox"/> | nizozemski | <input type="checkbox"/> |
| estonski | <input type="checkbox"/> | poljski | <input type="checkbox"/> |
| grčki | <input type="checkbox"/> | portugalski | <input type="checkbox"/> |
| engleski | <input type="checkbox"/> | rumunjski | <input type="checkbox"/> |
| francuski | <input type="checkbox"/> | slovački | <input type="checkbox"/> |
| irski | <input type="checkbox"/> | slovenski | <input type="checkbox"/> |
| hrvatski | <input type="checkbox"/> | finski | <input type="checkbox"/> |
| talijanski | <input type="checkbox"/> | švedski | <input type="checkbox"/> |
| latvijski | <input type="checkbox"/> | | |
| drugi | <input type="checkbox"/> | (molimo navesti): | |

Sastavljeno u:

Datum:

Potpis i/ili pečat:

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HU:

A mellékelt iratot a tagállamokban a polgári és kereskedelmi ügyekben a bírósági és bíróságon kívüli iratok kézbesítéséről szóló 1393/2007/EK európai parlamenti és tanácsi rendelet szerint kézbesítik.

Önnek joga van megtagadni az irat átvételét, amennyiben az nem az Ön számára érthető nyelven vagy a kézbesítés helyének hivatalos nyelvén vagy hivatalos nyelvei egyikén készült, és nem mellékeltek hozzá ilyen nyelvű fordítást.

Amennyiben élni kíván ezzel a jogával, az irat átvételét a kézbesítéskor kell megtagadnia közvetlenül az iratot kézbesítő személynél, vagy egy héten belül vissza kell küldenie azt az alább megjelölt címre, jelezve, hogy megtagadja annak átvételét.

CÍM:

1. Név:
2. Cím:
 - 2.1. Utca és házszám/postafiók:
 - 2.2. Helység és irányítószám:
 - 2.3. Ország:
3. Telefon:
4. Fax (*):
5. E-mail (*):

A CÍMZETT NYILATKOZATA:

Megtagadom a mellékelt dokumentum átvételét, mivel nem az általam értett nyelven vagy a kézbesítés helyének hivatalos nyelvén vagy hivatalos nyelvei egyikén készült, és nem mellékeltek hozzá ilyen nyelvű fordítást.

A következő nyelve(ke)t értem:

- | | | | |
|---------|--------------------------|------------------------------|--------------------------|
| bolgár | <input type="checkbox"/> | litván | <input type="checkbox"/> |
| spanyol | <input type="checkbox"/> | magyar | <input type="checkbox"/> |
| cseh | <input type="checkbox"/> | máltai | <input type="checkbox"/> |
| német | <input type="checkbox"/> | holland | <input type="checkbox"/> |
| észt | <input type="checkbox"/> | lengyel | <input type="checkbox"/> |
| görög | <input type="checkbox"/> | portugál | <input type="checkbox"/> |
| angol | <input type="checkbox"/> | román | <input type="checkbox"/> |
| francia | <input type="checkbox"/> | szlovák | <input type="checkbox"/> |
| ír | <input type="checkbox"/> | szlovén | <input type="checkbox"/> |
| olasz | <input type="checkbox"/> | finn | <input type="checkbox"/> |
| lett | <input type="checkbox"/> | svéd | <input type="checkbox"/> |
| egyéb | <input type="checkbox"/> | (kérjük, nevezze meg): | |

Kelt:

Dátum:

Aláírás és/vagy bélyegző:

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IT:

L'atto accluso è notificato o comunicato in conformità del regolamento (CE) n. 1393/2007 del Parlamento europeo e del Consiglio relativo alla notificazione e alla comunicazione negli Stati membri degli atti giudiziari ed extragiudiziali in materia civile e commerciale.

È prevista la facoltà di rifiutare di ricevere l'atto se non è redatto o accompagnato da una traduzione in una lingua compresa dal destinatario oppure nella lingua ufficiale o in una delle lingue ufficiali del luogo di notificazione o di comunicazione.

Chi vuole avvalersi di tale diritto può dichiarare il proprio rifiuto al momento della notificazione o della comunicazione direttamente alla persona che la effettua, oppure può rispedire l'atto entro una settimana all'indirizzo sottoindicato, dichiarando il proprio rifiuto di riceverlo.

INDIRIZZO:

1. Nome:
2. Indirizzo:
 - 2.1. Via e numero/C.P.:
 - 2.2. Luogo e codice postale:
 - 2.3. Paese:
3. Tel.
4. Fax (*)
5. E-mail (*):

DICHIARAZIONE DEL DESTINATARIO

Rifiuto di ricevere l'atto allegato in quanto non è redatto o accompagnato da una traduzione in una lingua da me compresa oppure nella lingua ufficiale o in una delle lingue ufficiali del luogo di notificazione o di comunicazione.

Comprendo le seguenti lingue:

- | | | | |
|-----------|--------------------------|--------------------|--------------------------|
| Bulgaro | <input type="checkbox"/> | Lituano | <input type="checkbox"/> |
| Spagnolo | <input type="checkbox"/> | Ungherese | <input type="checkbox"/> |
| Ceco | <input type="checkbox"/> | Maltese | <input type="checkbox"/> |
| Tedesco | <input type="checkbox"/> | Olandese | <input type="checkbox"/> |
| estone | <input type="checkbox"/> | Polacco | <input type="checkbox"/> |
| Greco | <input type="checkbox"/> | Portoghese | <input type="checkbox"/> |
| Inglese | <input type="checkbox"/> | Rumeno | <input type="checkbox"/> |
| Francese | <input type="checkbox"/> | Slovacco | <input type="checkbox"/> |
| Irlandese | <input type="checkbox"/> | Sloveno | <input type="checkbox"/> |
| Italiano | <input type="checkbox"/> | Finlandese | <input type="checkbox"/> |
| Lettone | <input type="checkbox"/> | Svedese | <input type="checkbox"/> |
| Altra | <input type="checkbox"/> | (precisare): | |

Fatto a:

Data:

Firma e/o timbro:

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LT:

Pridedamas dokumentas įteikiamas pagal Europos Parlamento ir Tarybos reglamentą (EB) Nr. 1393/2007 dėl teisminių ir neteisminių dokumentų civilinėse arba komercinėse bylose įteikimo valstybėse narėse.

Galite atsisakyti priimti šį dokumentą, jeigu jis nėra parengtas kalba, kurią suprantate, ar įteikimo vietos oficialia kalba arba viena iš oficialių kalbų, arba nėra pridėta vertimo į kalbą, kurią suprantate, ar įteikimo vietos oficialią kalbą arba viena iš oficialių kalbų.

Jei norite pasinaudoti šia teise, privalote atsisakyti priimti dokumentą jo įteikimo metu tiesiogiai pranešdami apie tai dokumentą įteikiančiam asmeniui arba per vieną savaitę grąžinti jį toliau nurodytu adresu, pareikšdami, kad atsisakote jį priimti.

ADRESAS:

1. Vardas ir pavardė:
2. Adresas:
 - 2.1. Gatvė ir numeris/pašto dėžutė:
 - 2.2. Vieta ir pašto indeksas:
 - 2.3. Valstybė:
3. Telefonas:
4. Faksas (*):
5. El. paštas (*):

ADRESATO PAREIŠKIMAS:

Atsisakau priimti prie šio pareiškimo pridėdamą dokumentą, kadangi jis nėra parengtas kalba, kurią suprantu, ar įteikimo vietos oficialia kalba arba viena iš oficialių kalbų, arba nėra pridėta vertimo į kalbą, kurią suprantu, ar įteikimo vietos oficialią kalbą arba viena iš oficialių kalbų.

Suprantu šią (-ias) kalbą (-as):

- | | | | |
|----------|--------------------------|-------------------------|--------------------------|
| Bulgarų | <input type="checkbox"/> | Lietuvių | <input type="checkbox"/> |
| Ispanų | <input type="checkbox"/> | Vengrų | <input type="checkbox"/> |
| Čekų | <input type="checkbox"/> | Maltiečių | <input type="checkbox"/> |
| Vokiečių | <input type="checkbox"/> | Olandų | <input type="checkbox"/> |
| Estų | <input type="checkbox"/> | Lenkų | <input type="checkbox"/> |
| Graikų | <input type="checkbox"/> | Portugalų | <input type="checkbox"/> |
| Anglų | <input type="checkbox"/> | Rumunų | <input type="checkbox"/> |
| Prancūzų | <input type="checkbox"/> | Slovakų | <input type="checkbox"/> |
| Airių | <input type="checkbox"/> | Slovėnų | <input type="checkbox"/> |
| Italų | <input type="checkbox"/> | Suomių | <input type="checkbox"/> |
| Latvių | <input type="checkbox"/> | Švedų | <input type="checkbox"/> |
| Kitas | <input type="checkbox"/> | (prašom nurodyti) | |

Parengta:

Data:

Parašas ir (arba) antspaudas:

Changes to legislation: There are outstanding changes not yet made to Regulation (EC) No 1393/2007 of the European Parliament and of the Council. Any changes that have already been made to the legislation appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

LV:

Pievienoto dokumentu izsniedz saskaņā ar Eiropas Parlamenta un Padomes Regulu (EK) Nr. 1393/2007 par tiesas un ārpus tiesas civillietu vai komercietu dokumentu izsniegšanu dalībvalstīs.

Jums ir tiesības atteikties pieņemt dokumentu, ja tas nav iesniegts rakstiski vai tam nav pievienots tulkojums valodā, ko jūs saprotat, vai dokumenta izsniegšanas vietas oficiālajā valodā, vai vienā no oficiālajām valodām.

Ja vēlaties īstenot šīs tiesības, Jums tieši dokumenta izsniedzējam izsniegšanas laikā ir jāatsakās pieņemt dokumentu vai tas jānosūta atpakaļ uz norādīto adresi vienas nedēļas laikā kopā ar paziņojumu, ka esat atteicies to pieņemt.

ADRESE:

1. Vārds, uzvārds vai nosaukums:
2. Adrese:
 - 2.1. Ielas nosaukums un numurs/p.k. Nr.:
 - 2.2. Vieta un pasta kods:
 - 2.3. Valsts:
3. Tālr.:
4. Fakss (*):
5. E-pasta adrese (*):

ADRESĀTA PAZIŅOJUMS:

Es atsakos pieņemt pievienoto dokumentu, jo tas nav uzrakstīts vai tam nav pievienots tulkojums valodā, ko es saprotu, vai dokumenta izsniegšanas oficiālajā valodā, vai vienā no oficiālajām valodām.

Es saprotu šādu(-as) valodu(-as):

- | | | | |
|----------|--------------------------|--------------------------|--------------------------|
| bulgāru | <input type="checkbox"/> | lietuviešu | <input type="checkbox"/> |
| spāņu | <input type="checkbox"/> | ungāru | <input type="checkbox"/> |
| čehu | <input type="checkbox"/> | maltiešu | <input type="checkbox"/> |
| vācu | <input type="checkbox"/> | holandiešu | <input type="checkbox"/> |
| īgauņu | <input type="checkbox"/> | poļu | <input type="checkbox"/> |
| grieķu | <input type="checkbox"/> | portugāļu | <input type="checkbox"/> |
| angļu | <input type="checkbox"/> | rumāņu | <input type="checkbox"/> |
| franču | <input type="checkbox"/> | slovāku | <input type="checkbox"/> |
| īru | <input type="checkbox"/> | slovēņu | <input type="checkbox"/> |
| itāļu | <input type="checkbox"/> | somu | <input type="checkbox"/> |
| latviešu | <input type="checkbox"/> | zviedru | <input type="checkbox"/> |
| citā | <input type="checkbox"/> | (lūdzu, norādiet): | |

Sastādīts:

Datums:

Paraksts un/vai zīmogs:

Changes to legislation: There are outstanding changes not yet made to Regulation (EC) No 1393/2007 of the European Parliament and of the Council. Any changes that have already been made to the legislation appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

MT:

Id-dokument mehmuż huwa nnotifikat f'konformità mar-Regolament (KE) Nru 1393/2007 tal-Parlament Ewropew u l-Kunsill dwar is-servizz fl-Istati Membri ta' dokumenti ġudizzjarji u *extra-ġudizzjarji* fi kwistjonijiet ċivili jew kummerċjali.

Inti tista' tirrifjuta li taċċetta d-dokument jekk dan mhux miktub bi jew m'għandux miegħu traduzzjoni f'waħda mil-lingwi li tifhem int jew bil-lingwa uffiċjali jew waħda mill-lingwi uffiċjali tal-post fejn qed issir in-notifika jew il-komunikazzjoni.

Jekk tixtieq teżerċita dan id-dritt, trid tirrifjuta li taċċetta d-dokument fil-mument li ssir in-notifika u dan trid tagħmlu mal-persuna li tikkunsinnalek id-dokument jew inkella billi tibagħtu lura fl-indirizz li jidher hawn taht fi żmien ġimgħa u tistqarr li int qed tirrifjuta li taċċettah.

INDIRIZZ:

1. Identità:
2. Indirizz:
 - 2.1. Triq u numru/Kaxxa Postali:
 - 2.2. Lokalità u kodiċi postali
 - 2.3. Pajjiż:
3. Tel.
4. Fax (*):
5. Indirizz elettroniku (*):

DIKJARAZZJONI TAD-DESTINATARJU:

Jien nrrifjuta li naċċetta d-dokument mehmuż għaliex mhux miktub bi jew m'għandux miegħu traduzzjoni f'waħda mil-lingwi li nifhem jien jew bil-lingwa uffiċjali tal-post fejn qed issir in-notifika.

Jien nifhem bil-lingwa/lingwi li ġejja/ġejjin:

- | | | | |
|----------|--------------------------|--------------------------------|--------------------------|
| Bulgaru | <input type="checkbox"/> | Litwan | <input type="checkbox"/> |
| Spanjol | <input type="checkbox"/> | Ungeriz | <input type="checkbox"/> |
| Ċek | <input type="checkbox"/> | Malti | <input type="checkbox"/> |
| Ġermaniż | <input type="checkbox"/> | Olandiż | <input type="checkbox"/> |
| Estonjan | <input type="checkbox"/> | Pollakk | <input type="checkbox"/> |
| Grieg | <input type="checkbox"/> | Portugiż | <input type="checkbox"/> |
| Ingliż | <input type="checkbox"/> | Rumen | <input type="checkbox"/> |
| Franciż | <input type="checkbox"/> | Slovakk | <input type="checkbox"/> |
| Irlandiż | <input type="checkbox"/> | Sloven | <input type="checkbox"/> |
| Taljan | <input type="checkbox"/> | Finlandiż | <input type="checkbox"/> |
| Lavjan | <input type="checkbox"/> | Svediż | <input type="checkbox"/> |
| Ohrajn | <input type="checkbox"/> | jekk jogħġbok speċifika: | |

Magħmul fi:

Data:

Firma u/jew timbru:

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NL:

De betekening of kennisgeving van het bijgevoegde stuk is geschied overeenkomstig Verordening (EG) nr. 1393/2007 van het Europees Parlement en de Raad inzake de betekening en de kennisgeving in de lidstaten van gerechtelijke en buitengerechtelijke stukken in burgerlijke of in handelszaken.

U kunt weigeren het stuk in ontvangst te nemen indien het niet gesteld is in of vergezeld gaat van een vertaling, ofwel in een taal die u begrijpt ofwel in de officiële taal/een van de officiële talen van de plaats van betekening of kennisgeving.

Indien u dat recht wenst uit te oefenen, moet u onmiddellijk bij de betekening of kennisgeving van het stuk en rechtstreeks ten aanzien van de persoon die de betekening of kennisgeving verricht de ontvangst ervan weigeren of moet u het stuk binnen een week terugzenden naar het onderstaande adres en verklaren dat u de ontvangst ervan weigert.

ADRES:

1. Naam:
2. Adres:
 - 2.1. Straat + nummer/postbus:
 - 2.2. Postcode + plaats:
 - 2.3. Land:
3. Telefoon:
4. Fax (*):
5. E-mail (*):

VERKLARING VAN DE GEADRESSEERDE:

Ik weiger de ontvangst van het hieraan gehechte stuk, omdat dit niet gesteld is in of vergezeld gaat van een vertaling, ofwel in een taal die ik begrijp ofwel in de officiële taal/een van de officiële talen van de plaats van betekening of kennisgeving.

Ik begrijp de volgende taal (talen):

- | | | | |
|------------|--------------------------|------------------------------|--------------------------|
| Bulgaars | <input type="checkbox"/> | Litouws | <input type="checkbox"/> |
| Spaans | <input type="checkbox"/> | Hongaars | <input type="checkbox"/> |
| Tsjechisch | <input type="checkbox"/> | Maltees | <input type="checkbox"/> |
| Duits | <input type="checkbox"/> | Nederlands | <input type="checkbox"/> |
| Ests | <input type="checkbox"/> | Pools | <input type="checkbox"/> |
| Grieks | <input type="checkbox"/> | Portugees | <input type="checkbox"/> |
| Engels | <input type="checkbox"/> | Roemeens | <input type="checkbox"/> |
| Frans | <input type="checkbox"/> | Slowaaks | <input type="checkbox"/> |
| Iers | <input type="checkbox"/> | Sloveens | <input type="checkbox"/> |
| Italiaans | <input type="checkbox"/> | Fins | <input type="checkbox"/> |
| Lets | <input type="checkbox"/> | Zweeds | <input type="checkbox"/> |
| Overige | <input type="checkbox"/> | gelieve te preciseren: | |

Gedaan te:

Datum:

Ondertekening en/of stempel:

Changes to legislation: There are outstanding changes not yet made to Regulation (EC) No 1393/2007 of the European Parliament and of the Council. Any changes that have already been made to the legislation appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

PL:

Załączony dokument jest doręczany zgodnie z rozporządzeniem (WE) nr 1393/2007 Parlamentu Europejskiego i Rady dotyczącym doręczania w państwach członkowskich dokumentów sądowych i pozasądowych w sprawach cywilnych i handlowych

Adresat może odmówić przyjęcia dokumentu, jeżeli nie został on sporządzony w języku, który rozumie, ani w języku urzędowym lub w jednym z języków urzędowych miejsca doręczenia lub jeżeli nie dołączono do niego tłumaczenia na taki język.

Jeżeli adresat chce skorzystać z tego prawa, musi odmówić przyjęcia dokumentu w momencie jego doręczenia bezpośrednio w obecności osoby doręczającej lub zwrócić dokument na niżej wskazany adres w terminie tygodnia wraz z oświadczeniem o odmowie przyjęcia.

ADRES:

1. Imię i nazwisko/nazwa:
2. Adres:
 - 2.1. Ulica i numer domu/skrytka pocztowa:
 - 2.2. Miejscowość i kod pocztowy:
 - 2.3. Kraj:
3. Telefon:
4. Faks (*):
5. E-mail (*):

OŚWIADCZENIE ADRESATA

Niniejszym odmawiam przyjęcia załączonego dokumentu, ponieważ nie został on sporządzony w języku, który rozumiem, ani w języku urzędowym lub w jednym z języków urzędowych miejsca doręczenia, ani nie dołączono do niego tłumaczenia na taki język.

Rozumiem następujący(-e) język(-i):

- | | | | |
|------------|--------------------------|------------------------|--------------------------|
| bułgarski | <input type="checkbox"/> | łotewski | <input type="checkbox"/> |
| hiszpański | <input type="checkbox"/> | węgierski | <input type="checkbox"/> |
| czeski | <input type="checkbox"/> | maltański | <input type="checkbox"/> |
| niemiecki | <input type="checkbox"/> | niderlandzki | <input type="checkbox"/> |
| estoński | <input type="checkbox"/> | polski | <input type="checkbox"/> |
| grecki | <input type="checkbox"/> | portugalski | <input type="checkbox"/> |
| angielski | <input type="checkbox"/> | rumuński | <input type="checkbox"/> |
| francuski | <input type="checkbox"/> | słowacki | <input type="checkbox"/> |
| irlandzki | <input type="checkbox"/> | słoweński | <input type="checkbox"/> |
| włoski | <input type="checkbox"/> | fiński | <input type="checkbox"/> |
| inny | <input type="checkbox"/> | proszę określić: | |

Sporządzono w:

Data:

Podpis i/lub pieczęć:

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PT:

O acto em anexo é citado ou notificado nos termos do Regulamento (CE) n.º 1393/2007 do Parlamento Europeu e do Conselho relativo à citação e à notificação dos actos judiciais e extrajudiciais em matérias civil e comercial nos Estados-Membros.

Tem a possibilidade de recusar a recepção do acto se este não estiver redigido, ou acompanhado de uma tradução, numa língua que compreenda ou na língua oficial ou numa das línguas oficiais do local de citação ou notificação.

Se desejar exercer esse direito, deve recusar o acto no momento da citação ou notificação, directamente junto da pessoa que a ela procede, ou devolvê-lo ao endereço seguidamente indicado, no prazo de uma semana, declarando que recusa aceitá-lo.

ENDEREÇO:

1. Identificação:
2. Endereço:
 - 2.1. Rua + número/caixa postal:
 - 2.2. Localidade + código postal:
 - 2.3. País:
3. Telefone:
4. Fax (*):
5. Correio electrónico (*e-mail*) (*):

DECLARAÇÃO DO DESTINATÁRIO:

Eu, abaixo assinado(a), recuso aceitar o acto em anexo porque o mesmo não está redigido nem acompanhado de uma tradução numa língua que eu compreenda ou na língua oficial ou numa das línguas oficiais do local de citação ou notificação.

Compreendo a(s) seguinte(s) língua(s):

- | | | | |
|----------|--------------------------|------------------------|--------------------------|
| Búlgaro | <input type="checkbox"/> | Lituano | <input type="checkbox"/> |
| Espanhol | <input type="checkbox"/> | Húngaro | <input type="checkbox"/> |
| Checo | <input type="checkbox"/> | Maltês | <input type="checkbox"/> |
| Alemão | <input type="checkbox"/> | Neerlandês | <input type="checkbox"/> |
| Estónio | <input type="checkbox"/> | Polaco | <input type="checkbox"/> |
| Grego | <input type="checkbox"/> | Português | <input type="checkbox"/> |
| Inglês | <input type="checkbox"/> | Romeno | <input type="checkbox"/> |
| Francês | <input type="checkbox"/> | Eslovaco | <input type="checkbox"/> |
| Irlandês | <input type="checkbox"/> | Esloveno | <input type="checkbox"/> |
| Italiano | <input type="checkbox"/> | Finlandês | <input type="checkbox"/> |
| Letão | <input type="checkbox"/> | Sueco | <input type="checkbox"/> |
| Outra | <input type="checkbox"/> | queira precisar: | |

Feito em:

Data:

Assinatura e/ou carimbo:

Changes to legislation: There are outstanding changes not yet made to Regulation (EC) No 1393/2007 of the European Parliament and of the Council. Any changes that have already been made to the legislation appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

RO:

Documentul anexat este notificat sau comunicat în conformitate cu Regulamentul (CE) nr. 1393/2007 al Parlamentului European și al Consiliului privind notificarea sau comunicarea în statele membre a actelor judiciare și extrajudiciare în materie civilă sau comercială.

Puteți refuza primirea actului în cazul în care acesta nu este redactat sau însoțit de o traducere într-una dintre limbile pe care le înțelegeți sau în limba oficială sau una dintre limbile oficiale ale locului de notificare sau comunicare.

Dacă doriți să exercitați acest drept, refuzați primirea actului în momentul notificării sau al comunicării, transmițând acest lucru direct persoanei care notifică sau comunică actul, ori returnați actul la adresa indicată mai jos, în termen de o săptămână, precizând că refuzați primirea acestuia.

ADRESĂ:

1. Nume:
2. Adresă:
 - 2.1. Stradă și număr/C.P.:
 - 2.2. Localitate și cod poștal:
 - 2.3. Țara
3. Tel.:
4. Fax (*):
5. E-mail (*):

DECLARAȚIA DESTINATARULUI:

Refuz primirea actului anexat deoarece acesta nu este redactat sau însoțit de o traducere în una dintre limbile pe care le înțeleg sau în limba oficială sau una dintre limbile oficiale ale locului de notificare sau comunicare.

Înțeleg următoarea (următoarele) limbă (limbi):

- | | | | |
|-----------|--------------------------|----------------------------|--------------------------|
| Bulgară | <input type="checkbox"/> | Lituaniană | <input type="checkbox"/> |
| Spaniolă | <input type="checkbox"/> | Maghiară | <input type="checkbox"/> |
| Cehă | <input type="checkbox"/> | Malteză | <input type="checkbox"/> |
| Germană | <input type="checkbox"/> | Olandeză | <input type="checkbox"/> |
| Estonă | <input type="checkbox"/> | Poloneză | <input type="checkbox"/> |
| Greacă | <input type="checkbox"/> | Portugheză | <input type="checkbox"/> |
| Engleză | <input type="checkbox"/> | Română | <input type="checkbox"/> |
| Franceză | <input type="checkbox"/> | Slovacă | <input type="checkbox"/> |
| Irlandeză | <input type="checkbox"/> | Slovenă | <input type="checkbox"/> |
| Italiană | <input type="checkbox"/> | Finlandeză | <input type="checkbox"/> |
| Letonă | <input type="checkbox"/> | Suedeză | <input type="checkbox"/> |
| Altele | <input type="checkbox"/> | vă rugăm, precizați: | |

Întocmită la:

Data:

Semnătura și/sau ștampila:

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SK:

Priložená písomnosť sa doručuje v súlade s nariadením Európskeho parlamentu a Rady (ES) č. 1393/2007 o doručovaní súdnych a mimosúdnych písomností v občianskych a obchodných veciach v členských štátoch.

Túto písomnosť môžete odmietnuť prevziať, ak nie je vyhotovená ani v jazyku, ktorému rozumiете, ani v úradnom jazyku miesta doručenia alebo v jednom z úradných jazykov miesta doručenia, ani k nej nie je pripojený preklad do niektorého z týchto jazykov.

Ak si želáte využiť toto právo, prevzatie písomnosti musíte odmietnuť pri jej doručení priamo osobe, ktorá písomnosť doručuje, alebo písomnosť musíte do jedného týždňa vrátiť na nižšie uvedenú adresu s vyhlásením, že ju odmietate prevziať.

ADRESA:

1. Označenie:
2. Adresa:
 - 2.1. Ulica a číslo/P. O. Box:
 - 2.2. Miesto a PSČ:
 - 2.3. Štát:
3. Tel.:
4. Fax (*):
5. E-mail (*):

VYHLÁSENIE ADRESÁTA:

Odmietam prevziať pripojenú písomnosť, pretože nie je vyhotovená ani v jazyku, ktorému rozumiem, ani v úradnom jazyku miesta doručenia alebo v jednom z úradných jazykov miesta doručenia, ani k nej nie je pripojený preklad do niektorého z týchto jazykov.

Rozumiem tomuto jazyku/týmto jazykom:

- | | | | |
|--------------|--------------------------|------------------|--------------------------|
| bulharčina | <input type="checkbox"/> | litovčina | <input type="checkbox"/> |
| španielčina | <input type="checkbox"/> | maďarčina | <input type="checkbox"/> |
| čeština | <input type="checkbox"/> | maltčina | <input type="checkbox"/> |
| nemčina | <input type="checkbox"/> | holandčina | <input type="checkbox"/> |
| estónčina | <input type="checkbox"/> | poľština | <input type="checkbox"/> |
| gréčtina | <input type="checkbox"/> | portugalčina | <input type="checkbox"/> |
| angličtina | <input type="checkbox"/> | rumunčina | <input type="checkbox"/> |
| francúzština | <input type="checkbox"/> | slovenčina | <input type="checkbox"/> |
| írčina | <input type="checkbox"/> | slovinčina | <input type="checkbox"/> |
| taliančina | <input type="checkbox"/> | fínčina | <input type="checkbox"/> |
| lotyština | <input type="checkbox"/> | švédčina | <input type="checkbox"/> |
| iný | <input type="checkbox"/> | (uved'te): | |

V:

Dňa:

Podpis a/alebo odtlačok pečiatky:

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SL:

Priloženo pisanje se vroča v skladu z Uredbo (ES) št. 1393/2007 Evropskega parlamenta in Sveta o vročanju sodnih in izvensodnih pisanj v civilnih ali gospodarskih zadevah v državah članicah.

Sprejem pisanja lahko zavrnete, če ni sestavljeno v jeziku, ki ga razumete, ali v uradnem jeziku ali v enem od uradnih jezikov kraja vročitve, oziroma mu ni priložen prevod v enega od teh jezikov.

Če želite uveljaviti to pravico, morate zavrniti sprejem pisanja v trenutku vročitve, in sicer neposredno pri osebi, ki pisanje vroča, ali pisanje vrniti na spodaj navedeni naslov v roku enega tedna z izjavo, da sprejem zavračate.

NASLOV:

1. Ime:
2. Naslov:
 - 2.1 Ulica in številka/poštni predal:
 - 2.2 Kraj in poštna številka:
 - 2.3 Država:
3. Telefon:
4. Faks (*):
5. Elektronska pošta (*):

IZJAVA NASLOVNIKA:

Zavračam sprejem priloženega pisanja, ker ni sestavljeno v jeziku, ki ga razumem, ali v uradnem jeziku ali v enem od uradnih jezikov kraja vročitve, oziroma mu ni priložen prevod v enega od teh jezikov.

Razumem naslednje jezike:

- | | | | |
|---------------|--------------------------|--------------------------|--------------------------|
| bolgarščino | <input type="checkbox"/> | litovščino | <input type="checkbox"/> |
| španščino | <input type="checkbox"/> | madžarščino | <input type="checkbox"/> |
| češčino | <input type="checkbox"/> | malteščino | <input type="checkbox"/> |
| nemščino | <input type="checkbox"/> | nizozemščino | <input type="checkbox"/> |
| estonščino | <input type="checkbox"/> | poljščino | <input type="checkbox"/> |
| grščino | <input type="checkbox"/> | portugalščino | <input type="checkbox"/> |
| angleščino | <input type="checkbox"/> | romunščino | <input type="checkbox"/> |
| francoščino | <input type="checkbox"/> | slovaščino | <input type="checkbox"/> |
| irščino | <input type="checkbox"/> | slovenščino | <input type="checkbox"/> |
| italijanščino | <input type="checkbox"/> | finščino | <input type="checkbox"/> |
| latvijščino | <input type="checkbox"/> | švedščino | <input type="checkbox"/> |
| drugo | <input type="checkbox"/> | prosimo, navedite: | |

V:

Datum:

Podpis in/ali žig:

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SV:

Den bifogade handlingen har delgetts i enlighet med Europaparlamentets och rådets förordning (EG) nr 1393/2007 av den 13 november 2007 om delgivning i medlemsstaterna av rättegångshandlingar och andra handlingar i mål och ärenden av civil eller kommersiell natur.

Ni får vägra att ta emot handlingen om den inte är avfattad på, eller åtföljs av en översättning till, antingen ett språk som ni förstår eller det officiella språket eller något av de officiella språken på delgivningsorten.

Om ni önskar utnyttja denna rättighet, måste ni vägra att emot handlingen vid delgivningen genom att vända er direkt till delgivningsmannen eller genom att återsända handling inom en vecka till nedanstående adress och ange att ni vägrar att ta emot den.

ADRESS

1. Namn:
2. Adress:
 - 2.1 Gatuadress/box:
 - 2.2 Postnummer och ort:
 - 2.3 Land:
3. Tfn
4. Fax (*):
5. E-post (*):

ADRESSATENS FÖRKLARING

Jag vägrar att ta emot bifogade handling eftersom den inte är avfattad på, eller åtföljs av en översättning till, ett språk som jag förstår eller det officiella språket eller något av de officiella språken på delgivningsorten.

Jag förstår följande språk:

- | | | | |
|-------------|--------------------------|----------------------|--------------------------|
| Bulgariska | <input type="checkbox"/> | Litauiska | <input type="checkbox"/> |
| Spanska | <input type="checkbox"/> | Ungerska | <input type="checkbox"/> |
| Tjeckiska | <input type="checkbox"/> | Maltesiska | <input type="checkbox"/> |
| Tyska | <input type="checkbox"/> | Nederländska | <input type="checkbox"/> |
| Estniska | <input type="checkbox"/> | Polska | <input type="checkbox"/> |
| Grekiska | <input type="checkbox"/> | Portugisiska | <input type="checkbox"/> |
| Engelska | <input type="checkbox"/> | Rumänska | <input type="checkbox"/> |
| Franska | <input type="checkbox"/> | Slovakiska | <input type="checkbox"/> |
| Irländska | <input type="checkbox"/> | Slovenska | <input type="checkbox"/> |
| Italienska | <input type="checkbox"/> | Finska | <input type="checkbox"/> |
| Lettiska | <input type="checkbox"/> | Svenska | <input type="checkbox"/> |
| Annat språk | <input type="checkbox"/> | (ange vilket): | |

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| |
|--------------------------------------|
| Ort: |
| Datum: |
| Underskrift och/eller stämpel: |

(*)

(*) The information contained in this Annex would have read as follows in Danish if the Regulation had applied in Denmark:

DA:

Vedlagte dokument forkyndes hermed i overensstemmelse med Europa-Parlamentets og Rådets forordning (EF) nr. 1393/2007 om forkyndelse i medlemsstaterne af retslige og udenretslige dokumenter i civile og kommercielle sager.

De kan nægte at modtage dokumentet, hvis det ikke er affattet på eller ledsaget af en oversættelse til enten et sprog, som De forstår, eller det officielle sprog eller et af de officielle sprog på forkyndelsesstedet.

Hvis De ønsker at gøre brug af denne ret, skal De nægte at modtage dokumentet ved forkyndelsen direkte over for den person, der forkynder det, eller returnere det til nedenstående adresse senest en uge efter forkyndelsen med angivelse af, at De nægter at modtage det.

ADRESSE:

1. Navn:
2. Adresse:
 - 2.1. Gade og nummer/postboks:
 - 2.2. Postnummer og bynavn:
 - 2.3. Land:
3. Tlf.:
4. Fax (*):
5. E-mail (*):

ERKLÆRING FRA ADRESSATEN:

Jeg nægter at modtage vedlagte dokument, da det ikke er affattet på eller ledsaget af en oversættelse til et sprog, som jeg forstår, eller det officielle sprog eller et af de officielle sprog på forkyndelsesstedet.

Jeg forstår følgende sprog:

- | | | | |
|-----------|--------------------------|-------------------|--------------------------|
| Bulgarsk | <input type="checkbox"/> | Litauisk | <input type="checkbox"/> |
| Spansk | <input type="checkbox"/> | Ungarsk | <input type="checkbox"/> |
| Tjekkisk | <input type="checkbox"/> | Maltesisk | <input type="checkbox"/> |
| Tysk | <input type="checkbox"/> | Nederlandsk | <input type="checkbox"/> |
| Estisk | <input type="checkbox"/> | Polsk | <input type="checkbox"/> |
| Græsk | <input type="checkbox"/> | Portugisisk | <input type="checkbox"/> |
| Engelsk | <input type="checkbox"/> | Rumænsk | <input type="checkbox"/> |
| Fransk | <input type="checkbox"/> | Slovakisk | <input type="checkbox"/> |
| Irsk | <input type="checkbox"/> | Slovensk | <input type="checkbox"/> |
| Italiensk | <input type="checkbox"/> | Finsk | <input type="checkbox"/> |
| Lettisk | <input type="checkbox"/> | Svensk | <input type="checkbox"/> |
| Andet: | <input type="checkbox"/> | præciseres: | |

Udfærdiget i:

Den:

Underskrift og/eller stempel:

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ANNEX III

CORRELATION TABLE

| Regulation (EC) No 1348/2000 | This Regulation |
|-------------------------------------|--|
| Article 1(1) | Article 1(1) first sentence |
| — | Article 1(1) second sentence |
| Article 1(2) | Article 1(2) |
| — | Article 1(3) |
| Article 2 | Article 2 |
| Article 3 | Article 3 |
| Article 4 | Article 4 |
| Article 5 | Article 5 |
| Article 6 | Article 6 |
| Article 7(1) | Article 7(1) |
| Article 7(2) first sentence | Article 7(2) first sentence |
| Article 7(2) second sentence | Article 7(2) second sentence (introductory phrase) and Article 7(2)(a) |
| — | Article 7(2)(b) |
| Article 7(2) third sentence | — |
| Article 8(1) introductory phrase | Article 8(1) introductory phrase |
| Article 8(1)(a) | Article 8(1)(b) |
| Article 8(1)(b) | Article 8(1)(a) |
| Article 8(2) | Article 8(2) |
| — | Article 8(3) to (5) |
| Article 9(1) and (2) | Article 9(1) and (2) |
| Article 9(3) | — |
| — | Article 9(3) |
| Article 10 | Article 10 |
| Article 11(1) | Article 11(1) |
| Article 11(2) | Article 11(2) first subparagraph |
| — | Article 11(2) second subparagraph |
| Article 12 | Article 12 |
| Article 13 | Article 13 |
| Article 14(1) | Article 14 |
| Article 14(2) | — |

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| | |
|---------------------------------|-------------------------------|
| Article 15(1) | Article 15 |
| Article 15(2) | — |
| Article 16 | Article 16 |
| Article 17, introductory phrase | Article 17 |
| Article 17(a) to (c) | — |
| Article 18(1) and (2) | Article 18(1) and (2) |
| Article 18(3) | — |
| Article 19 | Article 19 |
| Article 20 | Article 20 |
| Article 21 | Article 21 |
| Article 22 | Article 22 |
| Article 23(1) | Article 23(1) first sentence |
| — | Article 23(1) second sentence |
| Article 23(2) | Article 23(2) |
| — | Article 23(3) |
| Article 24 | Article 24 |
| Article 25 | — |
| — | Article 25 |
| — | Article 26 |
| Annex | Annex I |
| — | Annex II |
| — | Annex III |

Changes to legislation:

There are outstanding changes not yet made to Regulation (EC) No 1393/2007 of the European Parliament and of the Council. Any changes that have already been made to the legislation appear in the content and are referenced with annotations.

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Changes and effects yet to be applied to :

- Regulation partial repeal by [EUR 2020/1784](#) Regulation
- Regulation repeal by [EUR 2020/1784](#) Regulation (This amendment by the EU not applied to legislation.gov.uk because it is brought into force after IP completion day.)
- Regulation revoked by [S.I. 2018/1257](#) reg. 7