II

(Non-legislative acts)

### REGULATIONS

### COMMISSION REGULATION (EU) No 936/2012

### of 4 October 2012

on amending the Annexes to Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union.

Having regard to Regulation (EC) No 1896/2006 of the European Parliament and of the Council of 12 December 2006 creating a European order for payment procedure (1), and in particular Article 30 thereof,

### Whereas:

(1) Since the entry into force of Regulation (EC) No 1896/2006 it has become apparent that modifications to all the Annexes to that Regulation are necessary in order to update them and to improve the practical application of the Regulation, as well as to facilitate the electronic use of the procedure in the European Judicial Atlas in Civil Matters. The standard forms in the annexes to the Regulation need amending in order to incorporate Bulgaria and Romania, update currencies and to make them easier to fill in by plaintiffs, defendants and courts.

- (2) Denmark, in accordance with Articles 1 and 2 of the Protocol on the position of Denmark annexed to the Treaty on European Union and the Treaty on the Functioning of the European Union, is not participating in the adoption of this Regulation, and is therefore not bound by it or subject to its application.
- (3) Regulation (EC) No 1896/2006 should therefore be amended accordingly.

HAS ADOPTED THIS REGULATION:

### Article 1

The Annexes to Regulation (EC) No 1896/2006 are replaced by the text in the Annex to this Regulation.

### Article 2

This Regulation shall enter into force on the seventh day following that of its publication in the Official Journal of the European Union.

This Regulation shall be binding in its entirety and directly applicable in all Member States in accordance with the Treaties.

Done at Brussels, 4 October 2012.

For the Commission
The President
José Manuel BARROSO

### ANNEX I

### Application for a European order for payment

Form A

Article 7 (1) of Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure



Please ensure that you read the guidelines on the last page - they will help you to understand this form!

Please note in particular that this form must be completed in the language or one of the languages accepted by the court to be seised. The form is available in all official languages of the European Union; this may help you fill in the form in the required language.

1. Court			Case number (to be completed by	the court)			
Court			Received by the cou				
Address			Signature and/or sta	mp			
			organismo em em				
Postal code	City	Country					
	es and their repres						
Codes:	01 Claimant 02 Defendant	03 Claimant's representative 04 Defendant's representative		05 Claimant's leg 06 Defendant's le	ally authorised repregally authorised re	esentative ** presentative **	
Code	Corporate name of compan	y or organisation		Identification code	e (if applicable)		
	Surname			First Name			
	Address		Postal code	City		Country	
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
	Occupation ***		Other details				
Code	Corporate name of compan		Identification code (if applicable)				
	Surname			First Name			
	Address		Postal code	City		Country	
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
0.1	Comparate name of company	v av avsasiaatiaa		lala matificanti a managa	(if applicable)		
Code	Corporate name of compan	y or organisation		Identification code	(ii applicable)		
	Surname			First Name			
	Address		Postal code	City		Country	
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
Code	Corporate name of compan	y or organisation		Identification code (if applicable)			
Surname				First Name			
			1=				
	Address		Postal code	City		Country	
	Phone ***	Fax ***		e-Mail ***		1	
	Occupation ***		Other details ***				
* e.g. lawye	er	** e.g. parent, guardian, ma	naging director	*** optional			



### 3. Grounds for the court's jurisdiction

- 01 Domicile of the defendant or co-defendant
- 02 Place of performance of the obligation in question
- 03 Place of the harmful event
- 04 Where a dispute arises out of the operations of a branch, agency or other establishment, the place in which the branch, agency or other establishment is situated
- 05 Domicile of the trust
- 06 Where a dispute arises concerning the payment of remuneration claimed in respect of the salvage of a cargo or freight, the place of the court under the authority of which the cargo or freight is or could have been arrested
- 07 Domicile of the policyholder, the insured or the beneficiary in insurance matters
- 08 Domicile of the consumer
- 09 Place where the employee carries out his work
- 10 Place where the business which engaged the employee is situated
- 11 Place where the immovable property is situated
- 12 Choice of court agreed by the parties
- 13 Domicile of the maintenance creditor
- 14 Other (please specify)

Code

Specification only for code 14

4. Cross border nature of the case								
Codes:	01 Belgium 02 Bulgaria 03 Czech Republic 04 Germany 05 Estonia	06 Greece 07 Spain 08 France 09 Ireland 10 Italy	11 Cyprus 12 Latvia 13 Lithuania 14 Luxembourg 15 Hungary	16 Malta 17 The Netherlands 18 Austria 19 Poland 20 Portugal	21 Romania 22 Slovenia 23 Slovakia 24 Finland 25 Sweden	26 United Kingdom 27 other (please specify)		
Domicile	or habitual residence	of claimant	Domicile or habitual	residence of defendant	Country of the court			

### 5. Bank details (optional)

### 5.1 Payment of court fees by the claimant

01 By bank transfer Codes:

02 By credit card 04 Legal aid

05 Other (please specify)

03 Collection by court from claimant's bank account

If you choose code 02 or 03, please fill in the bank details in Appendix 1

If you choose code O5, please specify

### 5.2 Payment by defendant of amount awarded

Account holder	Bank name (BIC) or other relevant bank code	
Account number	International bank account number (IBAN)	



EUR	Euro	BGN	Bulgarian	Lev	CZK	Czech Koruna	GBP	Pound sterling	HUF	Hungarian Forint
LTL	Lithuanian Lita	s LVL	Latvian La	ats	PLN	Polish Zloty	RON	Romanian Leu	SEK	Swedish Krona
						Other (according	to interna	ational banking code	)	
6. P	rincipal				Currency:	Currency: Total value of principal, excluding interest and costs:				
The c	laim relates to	(Code 1)								
01 Sales contract  02 Rental agreement - movable property  03 Rental agreement - immovable property  04 Rental agreement - commercial lease  05 Contract of service - electricity, gas, water, phone  06 Contract of service - medical services  07 Contract of service - transport  08 Contract of service - legal, tax, technical advice				11 Con 12 Con 13 Buil 14 Insu 15 Loai 16 Gua 17 Clai they part	ding contract arance contract n arantee or other of ms arising from of are subject to a	- brokerage - other (please spe	gations if een the	18 Claims arising property 19 Damages - co 20 Subscription as magazine) 21 Membership fe 22 Employment a 23 Out-of-court se 24 Maintenance a 25 Other (please	ntract greemen ee greemen ettlement greemer	t (newspaper,
Circui	nstances invok	ed (Code 2	)							
31 Ins	n-payment ufficient paymer te payment	nt			n-delivery of good very of defective	ds or services goods or poor ser	rvices	35 Goods or serv order 36 Other (please		in conformity with the
Other	details (Code	3)								
41 Pla	ace of purchase ace of delivery te of purchase			44 Typ	e of delivery e of goods or se Iress of immovat	ervices concerned ble property			n, purpos	se: Consumer credit se: Mortgage credit ecify)
ID 1	Code 1	Code 2	Code 3	Ex	planatory statem	nent	Date*	(or period)		Amount
ID 2	Code 1	Code 2	Code 3	Ex	planatory statem	nent	Date*	Pate* (or period)		Amount
ID 3	Code 1	Code 2	Code 3	Ex	planatory statem	nent	Date*	(or period)		Amount
ID 4	Code 1	Code 2	Code 3	Ex	planatory statem	nent	Date*	Date* (or period)		Amount
* Date	format: day/mo	nth/year								
The c	laim has been	assigned to	the claima	ant by (i	f applicable)					
Corpo	rate name of co	mpany or or	ganisation			Identification code (if applicable)				
Surname						First Name				
Address						Postal code		City		Country
Additi	onal specificati	ions for clai	ms relating	g to con	sumer contract	s (if applicable)				
The	claim concerns mer contracts				the defendant is		of		il Regula	ed within the meaning tion (EC) No 44/2001 e court is seised

01 S	tatutory	02 Contractual	03 Capitalisat of interest			nt calculated by the ant	06 Other ***
A per	r year	B per half year	C per quarter	D per m	onth E Other *	**	
ID *	Code	Interest rate (%)	% over ba	ase rate (ECB)	on (amount)	Starting from	to
ID *	Code	Interest rate (%)	% over ba	ase rate (ECB)	on (amount)	Starting from	to
ID *	Code	Interest rate (%)	% over ba	ase rate (ECB)	on (amount)	Starting from	to
ID *	Code	Interest rate (%)	% over ba	ase rate (ECB)	on (amount)	Starting from	to
ID * Please specify in case of Code 6 and/or E							

8. Contractual penalties (if applicable)				
Amount	Please specify			

9. Cos	9. Costs (if applicable)						
Codes:	01 Court fees	02 Other (please specify)					
Code	Specification only for code 02	Currency	Amount				
Code	Specification only for code 02	Currency	Amount				
Code	Specification only for code 02	Currency	Amount				
Code	Specification only for code 02	Currency	Amount				

10.	10. Evidence available in support of the claim							
Code	Codes: 01 Written evidence 02 Oral evidence 03 Expert evidence 04 Inspection of an object or site 05 Other (please specify)							
ID *	Code	Description of ev	vidence			Date (day/month/year)		
ID *	Code	Description of ev	vidence			Date (day/month/year)		
ID *	Code	Description of ev	vidence			Date (day/month/year)		
ID *	Code	Description of ev	vidence			Date (day/month/year)		
* Fill	* Fill in corresponding claim ID							

	11. Additional state	ements and further infor	mation (if necessary)				
٠							
	I hereby request the court to order the defendant(s) to pay to the claimant(s) the sum of the above principal plus interest, contractual penalties and costs.						
	I declare that to the best of	my knowledge and belief the infor	mation provided is true.				
	I acknowledge that any deli	berate false statement could lead t	o appropriate penalties under the law of the Member State of origin.				
ı	Done at	Date (day/month/year)	Signature and/or stamp				

Append	Appendix 1 to the application for a European order for payment						
Bank deta	Bank details for the purposes of payment of court fees by the claimant						
Codes: 02 By credit card 03 Colle			ection by court from claimant's bank account				
Code	Account holder		Bank name (BIC) or other relevant bank code / Credit card company				
Account number / Credit card number			International bank account number (IBAN) / Expiry date and security number of credit card				

Appendix 2 to the application for a European order for payment  Opposition to a transfer to ordinary civil proceedings						
Case number (to be completed if this Appendix is sent to the court separately from the application form):						
Corporate name of company or organisation	Surname	First name				
Done at	Date (day/month/year)	Signature and/or stamp				

### **GUIDELINES FOR FILLING IN THE APPLICATION FORM**

### Important information

This form must be filled in in the language or one of the languages accepted by the court to be seised. Please note that the form is available in all official languages of the European Union; this may help you fill in the form in the required language.

If the defendant lodges an opposition to your claim, proceedings will continue before the competent courts in accordance with the rules of ordinary civil procedure. If you do not wish to continue proceedings in that event, you should also fill in Appendix 2 to this form. This appendix should reach the court before the European order for payment is issued.

If the application concerns a claim against a consumer relating to a consumer contract, it must be lodged with the competent court of the Member State in which the consumer is domiciled. In other cases, the application must be lodged with the court having jurisdiction in accordance with the rules of Council Regulation (EC) No 44/2001 on jurisdiction and the recognition and enforcement of judgments in civil and commercial matters. Information on the rules of jurisdiction can be found on the European Judicial Atlas (http://ec.europa.eu/justice\_home/judicialatlascivil/html/index\_en.htm).

Please make sure you duly sign and date the form on the last page.

### Guidelines

At the start of each section you will find specific codes that should be inserted, as appropriate, in the relevant boxes.

- 1. Court When deciding which court to choose, you need to consider the grounds for the court's jurisdiction.
- 2. Parties and their representatives This field must identify the parties and their representatives (e.g. lawyer of, guardian of), if any, in accordance with the codes indicated on the form. The box [Identification code] should refer, where applicable, to the special number which solicitors have in certain Member States for the purposes of electronic communication with the court (see Art. 7(6), second subparagraph, of Regulation (EC) No 1896/2006), to the registration number for companies or organisations or to any applicable identification number for natural persons. The box [Other details] may contain any other information that helps to identify the person (e.g. date of birth, position of the named person in the company or organisation concerned). If there are more than four parties and/or representatives, please use field [11].
- 3. Grounds for the court's jurisdiction See "Important information" above.
- **4. Cross border nature of the case** For you to be allowed to use this European order for payment procedure, at least two of the boxes in this field must refer to different States.
- 5. Bank details (optional) In field [5.1], you may inform the court by what means you intend to pay the court fees. Please note that not all methods of payment in this field are necessarily available at the court to which you are making this application. You should verify which method of payment will be accepted by the court. You can do this by contacting the court concerned or by consulting the website of the European Judicial Network in civil and commercial matters (http://ec.europa.eu/civiljustice/). If you choose to pay by credit card or to allow the court to collect the fees from your bank account, you should give the necessary credit card/bank account details in Appendix 1 to this form.

In field [5.2], you may indicate by what means you wish to receive payment from the defendant. If you wish to be paid by bank transfer, please give the necessary bank details.

- **6. Principal** This field must contain a description of the principal and the circumstances forming the basis of the claim in accordance with the codes indicated on the form. You need to use an identification number ("ID") for each claim, numbering them from 1 through 4. Each claim must be specified on the line of the box following the ID number, by filling in the relevant numbers of codes 1, 2 and 3. If you need more space, please use field [11]. The box [Date (or period)] refers, for instance, to the date of the contract or harmful event or to the period of the rent.
- 7. Interest If interest is sought, this should be specified for each claim in accordance with the codes indicated on the form. The code must contain both the relevant number (first row of the codes) and the letter (second row of the codes). For instance, if the interest rate has been agreed by contract and covers annual periods, the code is 02A. If it is for the court to decide the amount of interest the last box [to] should be left blank, and code 06E should be used. Code 01 refers to an interest rate laid down by statute. Code 02 refers to an interest rate agreed by the parties. If you use Code 03 (capitalisation of interest), the amount indicated should be the basis for the remainder of the term to be covered. Capitalisation of interest refers to the situation where the accrued interest is added to the principal and is taken into account for the purpose of calculating further interest. Please note that in commercial transactions as referred to in Directive 2000/35/EC of 29 June 2000 on combating late payments, the statutory interest rate is the sum of the interest rate applied by the European Central Bank to its most recent main refinancing operation carried out before the first calendar day of the half-year in question ('the reference rate'), plus at least seven percentage points. For a Member State which is not participating in the third stage of economic and monetary union, the reference rate referred to above is the equivalent rate set at national level (e.g. by the national central bank). In both cases the reference rate in force on the first calendar day of the half-year in question will apply for the following six months (see Art. 3(1)(d) of Directive 2000/35/EC). The "base rate (ECB)" refers to the interest rate applied by the European Central Bank to its main refinancing operations.
- 8. Contractual penalties (if applicable)

- 9. Costs (if applicable) If reimbursement of costs is sought, these must be described using the codes indicated on the form. The box [specification] must be used only for code 02, i.e. when reimbursement of costs other than court fees is demanded. These other costs could include, for instance, fees of a claimant's representative or prelitigation costs. If you request reimbursement of the court fees but you do not know the exact amount, you must fill in the box [Code] (01) but you may leave the box [Amount] blank and it will be filled in by the court. Costs should be stated in the same currency as the principal.
- 10. Evidence available in support of the claim This field must specify the evidence available in support of each claim using the codes indicated on the form. The box [Description of evidence] will contain, for instance, the title, name, date, and/or reference number of the document concerned, the amount mentioned on the document concerned, and/or the name of the witness or expert.
- 11. Additional statements and further information (if necessary) You may use this field if you need more space for any of the fields above or, if necessary, to provide additional information useful to the court. For instance, if there are several defendants each being liable for a portion of the claim, you should indicate here the amount individually owed by each defendant or if you request joint liability of two or more defendants.
- Appendix 1 Here you must indicate the details of your credit card or bank account if you choose to pay the court fees by credit card or if you allow the court to collect the fees from your bank account. Please note that not all methods of payment in this field are necessarily available at the court to which you are making this application. Please note that the information given in Appendix 1 will not be sent to the defendant.
- Appendix 2 Here you must inform the court if you do not wish to continue proceedings in the event of the defendant opposing the claim. If you send this information to the court after having sent the application form, please make sure you fill in the case number given by the court. Please note that the information given in Appendix 2 will not be sent to the defendant.

### ANNEX II

# Request to the claimant to complete and/or rectify an application for a European order for payment

Form B

Article 9 (1) of Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure

*	**	
	**	
*	**	

City	Country
	City

Case number	
Done at	Date (day/month/year)
	()
Signature and/or stamp	
0	

	02 Defendant	03 Claimant's repre 04 Defendant's rep		05 Claimant's legally authorised representative ** 06 Defendant's legally authorised representative *			
ode	Corporate name of co	ompany or organisation		Identification code (if ap	pplicable)		
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
ode	Corporate name of co	ompany or organisation		Identification code (if applicable)			
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***						
ode	Corporate name of co	ompany or organisation		Identification code (if ap	plicable)		
	Surname		First Name				
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***						
ode	Corporate name of co	ompany or organisation		Identification code (if applicable)			
	Surname		First Name				
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***	I		
	Occupation ***		Other details ***				

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\_ / \_\_\_\_\_\_ / \_\_\_\_\_

Following th	ne examina	tion of y	our ap	plication	for	a I	European	order	for	payment,	please	complete	and/or	rectify	the
attached ap	plication as	indicate	d below	as soor	as	ро	ssible and	in an	y ev	ent by					

Your initial application should be completed and/or rectified in the language or in one of the languages accepted by the court seised.

The court will reject the application, under the conditions provided for in the Regulation, if you fail to complete and/or rectify the application within the time limit set out above.

Your application h	as not been filled in in t	he correct language. Plea	ase fill it in in one of the	following languages:
01 Bulgarian 02 Czech 03 German 04 Estonian 05 Spanish	06 Greek 07 French 08 Italian 09 Latvian 10 Lithuanian	11 Hungarian 12 Maltese 13 Dutch 14 Polish 15 Portuguese	16 Romanian 17 Slovak 18 Slovene 19 Finnish 20 Swedish	21 English 22 other (please specify)
Language code	Language specification	n (only for code 22)		

Codes:					
01 Parties and their representatives 02 Grounds of jurisdiction 03 Cross-border nature of the case		04 Bank details 05 Principal 06 Interest	07 Contractual penalties 08 Costs 09 Evidence	<ul><li>10 Additional statements</li><li>11 Signature</li></ul>	
Codes:	Please specify				
Codes:	Please specify				
Codes:	Please specify				
Codes:	Please specify				
Codes:	Please specify				

### ANNEX III

### Proposal to the claimant to modify an application for a European order for payment

Form C

Article 10 (1) of Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure



1. Court			Case number	
Court			Done at	Date (day/month/year)
Address			Signature and/or stamp	
Postal code	City	Country		

Codes:	01 Claimant 02 Defendant	03 Claimant's repres 04 Defendant's repre	sentative *	05 Claimant's legally authorised representative * 06 Defendant's legally authorised representative			
Code		ompany or organisation	Identification code (if ap	•			
	Surname			First Name			
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
Code	Corporate name of co	ompany or organisation		Identification code (if applicable)			
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***						
Code	Corporate name of co	ompany or organisation		Identification code (if applicable)			
	Surname		First Name				
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***						
Code	Corporate name of co	ompany or organisation		Identification code (if applicable)			
	Surname		First Name				
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
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	tion for a European order for paym e, the court proposes the following		ecessary requirements are met for
	urt as soon as possible and in any		
European order for payment, und If you accept this proposal, the co	e court within the time limit set out a er the conditions provided for in th urt will issue a European order for p seised whether you will be able, in er for payment.	e Regulation, in its entirety. Dayment for that part of the claim. It	depends on the national law of the
I accept the above proposal b	v the court	I refuse the above proposal by	the court
Corporate name of company or orga	•	Surname	First name
Done at	Date (day/month/year)	Signature and/or stamp	

### ANNEX IV

### Decision to reject the application for a European order for payment

Form D

Article 11(1) of Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure



1. Court			Case number	
Court			Done at	Date (day/month/year)
Address			Signature and/or stamp	
Postal code	City	Country		
			·	·

Codes:	01 Claimant 02 Defendant	03 Claimant's repre 04 Defendant's repr		05 Claimant's legally authorised representative 06 Defendant's legally authorised representativ			
Code	Corporate name of co	ompany or organisation	Identification code (if a	•			
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
ode	Corporate name of co	ompany or organisation		Identification code (if a	pplicable)		
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***						
ode	Corporate name of co	ompany or organisation		Identification code (if applicable)			
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
ode	Corporate name of co	ompany or organisation		Identification code (if a	pplicable)		
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
		I					

## The court has examined your application for a European order for payment, in accordance with Article 8 of Regulation (EC) No 1896/2006 and rejects it on the following ground(s):

- 01 The application does not fall within the scope of Article 2 of the Regulation (Article 11(1)(a)).
- 02 The application does not concern a cross-border case within the meaning of Article 3 of the Regulation (Article 11(1)(a)).
- 03 The application does not concern a pecuniary claim for a specific amount that has fallen due as referred to in Article 4 of the Regulation (Article 11(1)(a)).
- 04 The court does not have jurisdiction in accordance with Article 6 of the Regulation (Article 11(1)(a)).
- 05 The application does not fulfil the requirements set out in Article 7 of the Regulation (Article 11(1)(a)).
- 06 The claim is clearly unfounded (Article 11(1)(b)).
- 07 The application was not completed or rectified within the time limit specified by the court (Article 9(2) and Article 11(1)(c)).
- 08 The application was not modified within the time limit specified by the court (Article 10 and Article 11(1)(d)).

Ground(s) for rejection (please use code)

Code	Further information, where necessary
Code	Further information, where necessary
Code	Further information, where necessary
Code	Further information, where necessary

There is no right of appeal against this rejection. However, this does not preclude a new application for a European order for payment or any other procedure available under the law of a Member State.

### ANNEX V

### European order for payment

Form E

Article 12(1) of Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure



1. Court		Case number			
Court		Issued	Date (day/month/year)		
Address		Signature and/or stamp			
Postal code	City	Country			

Codes:	01 Claimant 02 Defendant	03 Claimant's repres 04 Defendant's repre		05 Claimant's legally authorised representative ** 06 Defendant's legally authorised representative			
Code	Corporate name of company or organisation			Identification code (if applicable)			
	Surname		First Name				
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
ode	e Corporate name of company or organisation		Identification code (if applicable)				
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone *** Fax ***			e-Mail ***			
	Occupation ***						
ode	Corporate name of co	ompany or organisation	pany or organisation		Identification code (if applicable)		
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
ode	Corporate name of co	ompany or organisation		Identification code (if ap	pplicable)		
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
e.g. law	yer	** e.g. parent, guard	lian, managing director	*** optional			

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EUR	Euro	BGN	Bulgarian Lev	CZK	Czech Koruna	GBP	Pound sterl	ing	HUF	Hungarian Forint
LTL	L Lithuanian Litas LVL Latvian Lats PL		PLN	_N Polish Zloty		Romanian Leu		SEK	Swedish Krona	
					Other (according to international banking code)					
										r for payment on
the basis of the attached application. By virtue of this decision, you are ordered to pay the claimant the following amount								ollowing amount:		
Defendant 1			Surname	Surname			Corporate name of company or organisation			
								organis	sation	
				Currency		Α.	mount	Doto (	do. //22.02	th/vear)
			Currency		Ar	nount	Date (	aay/mor	tn/year)	
Princi										
Intere	st from									
Contra	actual penalties									
Costs										
Total	amount*									
Defendant 2		Surname	Surname		rst name	ct name Corporate name of company organisation		e of company or		
								0.94		
				Currency		Ar	nount	Date (	day/mor	th/year)
Princi	pal									
Intere	st from									
Contra	actual penalties									
Costs										
Total	Total amount*									
Jo	int liability									
* see	* see point f in "Important Information for the Defendant"									

### IMPORTANT INFORMATION FOR THE DEFENDANT

### You are hereby advised that:

- a. you have the option to:
  - i. pay the amount indicated in this order to the claimant; or
  - ii. oppose the order by lodging a statement of opposition with the court that issued this order within the time limit indicated in (b);
- b. the statement of opposition must be sent to the court within 30 days of service of this order on you. This 30 day period starts on the day following that on which this order was served. This period includes Saturdays, Sundays and public holidays. Where the last day of such a period is a Saturday, a Sunday or a public holiday, the period will expire on the following working day (see Council Regulation (EEC, Euratom) No 1182/71 of 3 June 1971\*). The public holidays to be taken into account are those of the Member State in which the court is situated;
- c. this order has been issued solely on the basis of the information provided by the claimant. That information has not been verified by the court;
- d. this order will become enforceable unless a statement of opposition has been lodged with the court within the time limit indicated in (b);
- e. where a statement of opposition is lodged, the proceedings will continue before the competent courts of the Member State where this order was issued in accordance with the rules of ordinary civil procedure unless the claimant has explicitly requested that the proceedings be terminated in that event:
- f. interest may be payable, under national law, up to the date of enforcement of this order, in which case this will increase the total amount payable.
- \* OJ L 124, 8.6.1971, p. 1 (de, fr, it, nl)

English special edition: Series I Chapter 1971(II), p. 354.

Greek special edition: Chapter 01 Volume 1, p. 131.

Portuguese and Spanish special editions: Chapter 01 Volume 1, p. 149.

Finnish and Swedish special editions: Chapter 01 Volume 1, p. 71.

Czech, Estonian, Hungarian, Latvian, Lithuanian, Maltese, Polish, Slovak and Slovene special editions: Chapter 01 Volume 1, p. 51.

Bulgarian and Romanian special editions: Chapter 01 Volume 1, p. 16

Occupation \*\*\*

\* e.g. lawyer

### ANNEX VI

### Opposition to a European order for payment

Form F

Article 16 (1) of Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure



1. Cou	ırt				Case number (to be completed by	the court)			
Court					Received by the court				
Address					Signature and/or star	mp			
Postal co	ode	City	Country						
2. Par	ties aı	nd their repres	entatives						
Codes:	01 Claimant 03 Claimant's representativ 02 Defendant 04 Defendant's representativ			e * ive	* 05 Claimant's legally authorised representative e* 06 Defendant's legally authorised representative			esentative ** oresentative **	
Code	Corporate name of company or organisation			Identification code (if applicable)					
	Surna	ame				First Name			
	Addre	ess			Postal code	City		Country	
	Phon	e ***	Fax ***			e-Mail ***			
	Occu	pation ***	Othe		Other details ***				
Code	Code Corporate name of company or organisation  Surname		Identification code (if applicable)						
						First Name			
	Addre	988			Postal code	City		Country	
	Phon	e ***	Fax ***			e-Mail ***			
	Occu	pation ***		Other details ***					
Code	Corpo	orate name of company	or organisation		Identification code (if applicable)				
	Surna	ame				First Name			
	Addre	ess			Postal code	City		Country	
	Phon	e ***	Fax ***			e-Mail ***			
	Occu	pation ***			Other details ***				
Code	Code Corporate name of company or organisation  Surname			Identification code	e (if applicable)				
						First Name			
	Addre	ess			Postal code	City		Country	
	Phon	e ***	Fax ***			e-Mail ***			

Other details \*\*\*

\*\*\* optional

\*\* e.g. parent, guardian, managing director

I hereby lodge a statement of opposition against the European order for payment issued on							
/							
Corporate name of company or organisation	Surname	First name					
Done at	Date (day/month/year)	Signature and/or stamp					

### ANNEX VII

### **Declaration of enforceability**

Form G

Article 18(1) of Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure



1. Court		Case number			
Court		Done at	Date (day/month/year)		
Address		Signature and/or stamp			
Postal code	City	Country			

	ies and their re		antativa *	OF Claimantle landly av	thereis and representative **		
Codes:	01 Claimant 02 Defendant	03 Claimant's represe 04 Defendant's repres		05 Claimant's legally authorised representative ** 06 Defendant's legally authorised representative **			
Code	Corporate name of co	ompany or organisation		Identification code (if ap	Identification code (if applicable)		
	Surname			First Name	First Name		
	Address		Postal code		Country		
	Phone ***	Fax ***	Fax ***  Other details ***				
	Occupation ***						
Code	Corporate name of co	ompany or organisation		Identification code (if ap	plicable)		
	Surname			First Name			
	Address		Postal code		Country		
	Phone ***	Fax ***			e-Mail ***		
	Occupation *** Other details ***						
Code	Corporate name of co	prporate name of company or organisation			plicable)		
	Surname			First Name			
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***		Other details ***				
Code	Corporate name of co	ompany or organisation		Identification code (if applicable)			
	Surname				First Name		
	Address		Postal code	City	Country		
	Phone ***	Fax ***		e-Mail ***			
	Occupation ***						
* e.g. law	yer	** e.g. parent, guardia	an, managing director	*** optional			

The court hereby declares that the attached European order for payment,					
issued on/ against					
and saved on//					
is enforceable in accordance with Article 18 of Regulation (EC) No 1896/2006.					

### Important information

This European order for payment is automatically enforceable in all Member States of the European Union except Denmark, without the need for an additional declaration of enforceability in the Member State where enforcement is sought and without any possibility of opposing its recognition. The enforcement procedures are governed by the law of the Member State of enforcement, except where the Regulation provides otherwise.