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

Court		
Address		
Postal code	City	Country

Case number (to be completed by the court)	
Received by the court	

2. Parties and their representatives

Codes: 01 Claimant; 02 Defendant; 03 Claimant's representative *; 04 Defendant's representative *; 05 Claimant's legally authorised representative **; 06 Defendant's legally authorised representative **

Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		

* e.g. lawyer ** e.g. parent, guardian, managing director *** optional

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3. Grounds for the court's jurisdiction

Codes:

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	06 Spain	11 Lettland	16 The Netherlands	21 Slovakia
02 Czech Republic	07 France	12 Litauen	17 Austria	22 Finland
03 Germany	08 Ireland	13 Luxemburg	18 Poland	23 Sweden
04 Estonia	09 Italy	14 Ungarn	19 Portugal	24 United Kingdom
05 Greece	10 Cyprus	15 Malta	20 Slovenia	25 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

Codes: 01 By bank transfer; 02 By credit card; 03 Collection by court from claimant's bank account; 04 Legal aid; 05 Other (please specify)

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

Code	If you choose code 05, 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	CYP	Cypriot Pound	CZK	Czech Koruna	EEK	Estonian Kroon	GBP	Pound sterling
HUF	Hungarian Forint	LTL	Lithuanian Litas	LVL	Latvian Lats	MTL	Maltese Lira	PLN	Polish Zloty
SEK	Swedish Krona	SIT	Slovenian Tolars	SKK	Slovak Koruna	Other (according to international banking code)			

6. Principal

Currency	Total value of principal, excluding interest and costs

The claim 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
09 Contract of service - hotel, restaurant
10 Contract of service - repair
11 Contract of service - brokerage
12 Contract of service - other (please specify)
13 Building contract
14 Insurance contract
15 Loan
16 Guarantee or other collateral(s)
17 Claims arising from non-contractual obligations if they are subject to an agreement between the parties or an admission of debt (e.g. damages, unjust enrichment)
18 Claims arising from joint ownership of property
19 Damages - contract
20 Subscription agreement (newspaper, magazine)
21 Membership fee
22 Employment agreement
23 Out-of-court settlement
24 Maintenance agreement
25 Other (please specify)

Circumstances invoked (Code 2)

30 Non-payment
31 Insufficient payment
32 Late payment
33 Non-delivery of goods or services
34 Delivery of defective goods or poor services
35 Goods or services not in conformity with the order
36 Other (please specify)

Other details (Code 3)

40 Place of purchase
41 Place of delivery
42 Date of purchase
43 Date of delivery
44 Type of goods or services concerned
45 Address of immovable property
46 In case of loan, purpose: Consumer credit
47 In case of loan, purpose: Mortgage credit
48 Other detail (please specify)

ID	Code 1	Code 2	Code 3	Explanatory statement	Date (or period)	Amount
ID	Code 1	Code 2	Code 3	Explanatory statement	Date (or period)	Amount
ID	Code 1	Code 2	Code 3	Explanatory statement	Date (or period)	Amount
ID	Code 1	Code 2	Code 3	Explanatory statement	Date (or period)	Amount

The claim has been assigned to the claimant by (if applicable)

Surname, first name/Name of company or organisation	Identification code (if applicable)		
Address	Postal code	City	Country

Additional specifications for claims relating to consumer contracts (if applicable)

The claim concerns matters relating to consumer contracts	If yes, the defendant is the consumer	If yes, the defendant is domiciled within the meaning of Article 59 of Council Regulation (EC) No 44/2001 in the Member State where the court is seised
yes no	yes no	yes no

7. Interest

Codes (please combine number with letter):

01 Statutory	02 Contractual	03 Capitalisation of interest	04 Interest rate on a loan **	05 Amount calculated by the claimant	06 Other ***
A per year	B per half year	C per quarter	D per month	E Other ***	

ID *	Code	Interest rate (%)	% over base rate (ECB)	on (amount)	Starting from	to
ID *	Code	Zinssatz (%)	% über dem Basissatz der EZB	auf (Betrag)	Ab	bis
ID *	Code	Zinssatz (%)	% über dem Basissatz der EZB	auf (Betrag)	Ab	bis
ID *	Code	Zinssatz (%)	% über dem Basissatz der EZB	auf (Betrag)	Ab	bis

ID * Please specify in case of Code 6 and/or E

* Fill in corresponding claim ID ** taken out by the claimant at least in the amount of the principal *** Please specify

8. Contractual penalties (if applicable)

Amount	Please specify

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. Evidence available in support of the claim

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 evidence	Date (day/month/year)
ID *	Code	Description of evidence	Date (day/month/year)
ID *	Code	Description of evidence	Date (day/month/year)
ID *	Code	Description of evidence	Date (day/month/year)

* Fill in corresponding claim ID

11. Additional statements and further information (if necessary)

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 information provided is true.

I acknowledge that any deliberate false statement could lead to appropriate penalties under the law of the Member State of origin.

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

Appendix 1 to the application for a European order for payment

Bank details for the purposes of payment of court fees by the claimant

Code 02 By credit card 03 Collection 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)

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.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, 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 demanded, this should be specified for each claim as identified in field [6] 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 interest is demanded up to the decision by the court, the last box [to] should be left blank. 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 purposes 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 demanded, 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.

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.

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

1. Court

Court		
Address		
Postal code	City	Country

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

2. Parties and their representatives

Codes: 01 Claimant; 02 Defendant; 03 Claimant's representative *; 04 Defendant's representative *; 05 Claimant's legally authorised representative **; 06 Defendant's legally authorised representative **

Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation***		Other details ***		

* e.g. lawyer ** e.g. parent, guardian, managing director *** optional

Following the examination of your application for a European order for payment, please complete and/or rectify the attached application as indicated below as soon as possible and in any event 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 has not been filled in in the correct language. Please fill it in in one of the following languages:

01 Czech	05 Greek	09 Lithuanian	13 Polish	17 Finnish
02 German	06 French	10 Hungarian	14 Portuguese	18 Swedish
03 Estonian	07 Italian	11 Maltese	15 Slovak	19 English
04 Spanish	08 Latvian	12 Dutch	16 Slovene	20 other (please specify)

Language code	Language specification (only for code 20)

The following items must be completed and/or rectified:

Codes:

01 Parties and their representatives	04 Bank details	07 Contractual penalties	10 Additional statements
02 Grounds of jurisdiction	05 Principal	08 Costs	11 Signature
03 Cross border nature of the case	06 Interest	09 Evidence	

Code	Please specify
Code	Please specify
Code	Please specify
Code	Please specify
Code	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

Court		
Address		
Postal code	City	Country

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

2. Parties and their representatives

Codes: 01 Claimant; 02 Defendant; 03 Claimant's representative *; 04 Defendant's representative *; 05 Claimant's legally authorised representative **; 06 Defendant's legally authorised representative **

Code	Surname, first name/Name of company or organisation		Identification code (if applicable)	
	Address	Postal code	City	Country
	Phone ***	Fax ***	e-Mail ***	
	Occupation ***	Other details ***		
Code	Surname, first name/Name of company or organisation		Identification code (if applicable)	
	Address	Postal code	City	Country
	Phone ***	Fax ***	e-Mail ***	
	Occupation ***	Other details ***		
Code	Surname, first name/Name of company or organisation		Identification code (if applicable)	
	Address	Postal code	City	Country
	Phone ***	Fax ***	e-Mail ***	
	Occupation ***	Other details ***		
Code	Surname, first name/Name of company or organisation		Identification code (if applicable)	
	Address	Postal code	City	Country
	Phone ***	Fax ***	e-Mail ***	
	Beruf ***	Sonstige Angaben ***		

* e.g. lawyer ** e.g. parent, guardian, managing director *** optional

After examination of your application for a European order for payment, the court considers that the necessary requirements are met for only a part of the claim. Therefore, the court proposes the following modification to the application:

Please send your reply to the court as soon as possible and in any event by _____/_____/_____

If you fail to send your reply to the court within the time limit set out above or refuse this proposal, the court will reject your application for a European order for payment, under the conditions provided for in the Regulation, in its entirety.
If you accept this proposal, the court will issue a European order for payment for that part of the claim. It depends on the national law of the Member State where the court is seised whether you will be able, in further proceedings, to recover the remaining part of your initial claim not covered by the European order for payment.

☐ **I accept the above proposal by the court**		☐ **I refuse the above proposal by the court**
Done at	Date (day/month/year)	Surname, first name
		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

Court		
Address		
Postal code	City	Country

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

2. Parties and their representatives

Codes: 01 Claimant; 02 Defendant; 03 Claimant's representative *; 04 Defendant's representative *; 05 Claimant's legally authorised representative **; 06 Defendant's legally authorised representative **

Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		

* e.g. lawyer ** e.g. parent, guardian, managing director *** optional

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

Court		
Adress		
Postal code	City	Country

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

2. Parties and their representatives

Codes: 01 Claimant; 02 Defendant; 03 Claimant's representative *; 04 Defendant's representative *; 05 Claimant's legally authorised representative **; 06 Defendant's legally authorised representative **

Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		

* e.g. lawyer ** e.g. parent, guardian, managing director *** optional

EUR	Euro	CYP	Cypriot Pound	CZK	Czech Koruna	EEK	Estonian Kroon	GBP	Pound sterling
HUF	Hungarian Forint	LTL	Lithuanian Litas	LVL	Latvian Lats	MTL	Maltese Lira	PLN	Polish Zloty
SEK	Swedish Krona	SIT	Slovenian Tolars	SKK	Slovak Koruna	Other (according to international banking code)			

In accordance with Article 12 of Regulation (EC) No 1896/2006, the court has issued this European order for payment on the basis of the attached application. By virtue of this decision, you are ordered to pay the claimant the following amount:

Defendant 1 Surname, first name/Name of company or organisation	Currency	Amount	Date (day/month/year)
Principal			
Interest (as of)			
Contractual penalties			
Costs			
Total amount			
Defendant 2 Surname, first name/Name of company or organisation	Currency	Amount	Date (day/month/year)
Principal			
Interest (as of)			
Contractual penalties			
Costs			
Total amount			

☐ **Joint liability**

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 where 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.

* 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 1 Volume 1, p. 71.
Czech, Estonian, Hungarian, Latvian, Lithuanian, Maltese, Polish, Slovak and Slovene special editions: Chapter 01 Volume 1, p. 51.

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. Court

Court		
Address		
Postal code	Ort	Land

Case number (to be completed by the court)	
Received by the court	

2. Parties and their representatives

Codes: 01 Claimant; 02 Defendant; 03 Claimant's representative *; 04 Defendant's representative *; 05 Claimant's legally authorised representative **; 06 Defendant's legally authorised representative **

Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		

* e.g. lawyer ** e.g. parent, guardian, managing director *** optional

I hereby lodge a statement of opposition against the European order for payment issued on _____/_____/_____		
Done at	Date (day/month/year)	Surname, first name
		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

Court		
Address		
Postal code	City	Country

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

2. Parties and their representatives

Codes: 01 Claimant; 02 Defendant; 03 Claimant's representative *; 04 Defendant's representative *; 05 Claimant's legally authorised representative **; 06 Defendant's legally authorised representative **

Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
	Address		Postal code	City	Country
	Phone ***	Fax ***		e-Mail ***	
	Occupation ***		Other details ***		

*e.g. lawyer ** e.g. parent, guardian, managing director *** optional

The court hereby declares that the attached European order for payment, issued on _____/_____/_____ and served 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.