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Price: EUR 3

EN

Acts whose titles are printed in light type are those relating to day-to-day management of agricultural matters, and are generally valid for a limited period.

The titles of all other acts are printed in bold type and preceded by an asterisk.

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

⁽¹⁾ OJ L 399, 30.12.2006, p.1

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 seized. 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 court (day/month/year)	
Address			Signature and/or stamp	
Postal code	City	Country		

2. Parties and their representatives				
Codes:		01 Claimant	03 Claimant's representative *	05 Claimant's legally authorised representative **
		02 Defendant	04 Defendant's 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 ***	
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 ***	
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 ***	
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 ***	
* e.g. lawyer ** e.g. parent, guardian, managing director *** optional				

3. Grounds for the court's jurisdiction

Codes:

- | | |
|---|--|
| 01 Domicile of the defendant or co-defendant | 07 Domicile of the policyholder, the insured or the beneficiary in insurance matters |
| 02 Place of performance of the obligation in question | 08 Domicile of the consumer |
| 03 Place of the harmful event | 09 Place where the employee carries out his work |
| 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 | 10 Place where the business which engaged the employee is situated |
| 05 Domicile of the trust | 11 Place where the immovable property is situated |
| 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 | 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 Greece | 11 Cyprus | 16 Malta | 21 Romania | 26 United Kingdom |
| 02 Bulgaria | 07 Spain | 12 Latvia | 17 The Netherlands | 22 Slovenia | 27 other (please specify) |
| 03 Czech Republic | 08 France | 13 Lithuania | 18 Austria | 23 Slovakia | |
| 04 Germany | 09 Ireland | 14 Luxembourg | 19 Poland | 24 Finland | |
| 05 Estonia | 10 Italy | 15 Hungary | 20 Portugal | 25 Sweden | |

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	BGN	Bulgarian Lev	CZK	Czech Koruna	GBP	Pound sterling	HUF	Hungarian Forint
LTŁ	Lithuanian Litas	LVL	Latvian Lats	PLN	Polish Zloty	RON	Romanian Leu	SEK	Swedish Krona

6. Principal	Currency:	Other (according to international banking code)
		Total value of principal, excluding interest and costs:

The claim relates to (Code 1)

01 Sales contract	10 Contract of service - repair	18 Claims arising from joint ownership of property
02 Rental agreement - movable property	11 Contract of service - brokerage	19 Damages - contract
03 Rental agreement - immovable property	12 Contract of service - other (please specify)	20 Subscription agreement (newspaper, magazine)
04 Rental agreement - commercial lease	13 Building contract	21 Membership fee
05 Contract of service - electricity, gas, water, phone	14 Insurance contract	22 Employment agreement
06 Contract of service - medical services	15 Loan	23 Out-of-court settlement
07 Contract of service - transport	16 Guarantee or other collateral(s)	24 Maintenance agreement
08 Contract of service - legal, tax, technical advice	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)	25 Other (please specify)
09 Contract of service - hotel, restaurant		

Circumstances invoked (Code 2)

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

Other details (Code 3)

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

ID	Code 1	Code 2	Code 3	Explanatory statement	Date* (or period)	Amount
ID 1						
ID 2						
ID 3						
ID 4						

* Date format: day/month/year

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

Corporate name of company or organisation	Identification code (if applicable)		
Surname	First Name		
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	Interest rate (%)	% over base rate (ECB)			on (amount)		Starting from	to		
ID *	Code	Interest rate (%)	% over base rate (ECB)			on (amount)		Starting from	to		
ID *	Code	Interest rate (%)	% over base rate (ECB)			on (amount)		Starting from	to		
ID * Please specify in case of Code 6 and/or E											
* Fill in corresponding claim ID ** Taken out by the claimant for at least 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**

Codes: 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):

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



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

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	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 ***		
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 ***		
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 ***		
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 ***		

* 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 Bulgarian	06 Greek	11 Hungarian	16 Romanian	21 English
02 Czech	07 French	12 Maltese	17 Slovak	22 other (please specify)
03 German	08 Italian	13 Dutch	18 Slovene	
04 Estonian	09 Latvian	14 Polish	19 Finnish	
05 Spanish	10 Lithuanian	15 Portuguese	20 Swedish	

Language code	Language specification (only for code 22)
---------------	---

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	

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			

2. Parties and their representatives

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

* e.g. lawyer

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

*** optional

* 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	
Corporate name of company or organisation		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			

2. Parties and their representatives					
Codes:	01 Claimant	03 Claimant's representative *	05 Claimant's legally authorised representative **		
	02 Defendant	04 Defendant's 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 ***		
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 ***		
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 ***		
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 ***		

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

2. Parties and their representatives

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

* e.g. lawyer

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

*** optional

EUR	Euro	BGN	Bulgarian Lev	CZK	Czech Koruna	GBP	Pound sterling	HUF	Hungarian Forint
LTL	Lithuanian Litas	LVL	Latvian Lats	PLN	Polish Zloty	RON	Romanian Leu	SEK	Swedish Krona
					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	Corporate name of company or organisation			
				Currency	Amount	Date (day/month/year)			
Principal									
Interest from									
Contractual penalties									
Costs									
Total amount*									
Defendant 2				Surname	First name	Corporate name of company or organisation			
				Currency	Amount	Date (day/month/year)			
Principal									
Interest from									
Contractual penalties									
Costs									
Total amount*									
☐ Joint liability									
* 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

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			Case number (to be completed by the court)	
Court			Received by the court	
Address			Signature and/or stamp	
Postal code	City	Country		

2. Parties and their representatives				
Codes:	01 Claimant	03 Claimant's representative *	05 Claimant's legally authorised representative **	
	02 Defendant	04 Defendant's 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 ***	
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 ***	
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 ***	
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 ***	
* 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		
_____ / _____ / _____		
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			

2. Parties and their representatives					
Codes:		01 Claimant		03 Claimant's representative *	
		02 Defendant		04 Defendant's representative *	
				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 ***		
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 ***		
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 ***		
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 ***		

* e.g. lawyer ** e.g. parent, guardian, 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.

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