

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	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)	

2. Parties and their representatives

	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 Lithuanian | 16 Portuguese | |
| 02 Czech | 07 French | 12 Hungarian | 17 Romanian | 21 Swedish |
| 03 German | 08 Croatian | 13 Maltese | 18 Slovak | 22 English |
| 04 Estonian | 09 Italian | 14 Dutch | 19 Slovene | 23 other (please specify) |
| 05 Spanish | 10 Latvian | 15 Polish | 20 Finnish | |

Language code	Language specification (only for code 23)
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The following items must be completed and/or rectified

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

10 Additional statements
11 Signature

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