

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

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	