

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)	
			Signature and/or stamp		
Address					
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)	

