

EUROPEAN SMALL CLAIMS PROCEDURE

FORM B

REQUEST BY THE COURT OR TRIBUNAL TO COMPLETE AND/OR RECTIFY THE CLAIM FORM

(Article 4(4) of Regulation (EC) No 861/2007 of the European Parliament and of the Council establishing a European Small Claims Procedure)

To be filled in by the court/tribunal

Case number:

Received by the court/tribunal on:

/ /

1. *Court/tribunal*

1.1. Name:

1.2. Street and number/PO box:

1.3. City and postal code:

1.4 Country:

2. *Claimant*

2.1. Surname, first name/name of company or organisation:

2.2. Personal identification number or passport number/ registration number(*):

2.3. Street and number/PO box:

2.4. City and postal code:

2.5. Country:

2.6. Telephone (*):

2.7. E-mail (*):

2.8. Claimant's representative, if any, and contact details(*):

(*) Optional.

2.9. Other details (*):

3. *Defendant*

3.1. Surname, first name/name of company or organisation:

3.2. Personal identification number or passport number/ registration number(*):

3.3. Street and number/PO box:

3.4. City and postal code:

3.5 Country:

3.6. Telephone (*):

3.7. E-mail (*):

3.8. Defendant's representative, if any, and contact details(*):

3.9. Other details (*):

The court/tribunal has examined your claim form and considers it to be inadequate or insufficiently clear or not properly filled in: please complete and/or rectify your form in the language of the court/tribunal as indicated below as soon as possible and at the latest by

.

The court/tribunal shall dismiss your application under the conditions provided for in Regulation (EC) No 861(*)/2007 if you fail to complete and/or rectify it within the time limit set out above.

Your claim form has not been filled in the correct language. Please fill it in one of the following languages.

Bulgarian	<input type="checkbox"/>	Czech	<input type="checkbox"/>	German	<input type="checkbox"/>
Estonian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Greek	<input type="checkbox"/>
French	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Croatian	<input type="checkbox"/>
Italian	<input type="checkbox"/>	Latvian	<input type="checkbox"/>	Lithuanian	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>	Maltese	<input type="checkbox"/>	Dutch	<input type="checkbox"/>

(*) Optional.

Polish
Slovak
Swedish

Portuguese
 Slovene
 English
Other: (please specify)

Romanian
 Finnish

The following sections of the claim form must be completed and/or rectified as stated below:

Done at:

Date:

/ /

Signature and/or stamp: