

II

(Non-legislative acts)

REGULATIONS

COMMISSION IMPLEMENTING REGULATION (EU) No 1329/2014**of 9 December 2014**

establishing the Forms referred to in Regulation (EU) No 650/2012 of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Regulation (EU) No 650/2012 of the European Parliament and of the Council of 4 July 2012 on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession ⁽¹⁾, and in particular Article 46(3)(b) and Articles 59(1), 60(2), 61(2), 65(2) and 67(1) thereof,

Whereas:

- (1) For proper application of Regulation (EU) No 650/2012 several forms should be established.
- (2) In accordance with Protocol No 21 on the position of the United Kingdom and Ireland in respect of the area of freedom, security and justice, annexed to the Treaty on European Union and to the Treaty on the Functioning of the European Union, those Member States did not take part in the adoption of Regulation (EU) No 650/2012. Therefore the United Kingdom and Ireland are not taking part in the adoption of this Regulation.
- (3) In accordance with Articles 1 and 2 of Protocol No 22 on the position of Denmark, annexed to the Treaty on European Union and to the Treaty on the Functioning of the European Union, Denmark is not taking part in the adoption of this Regulation and is not bound by it or subject to its application.
- (4) The measures provided for in this Regulation are in accordance with the opinion of the Succession Committee,

HAS ADOPTED THIS REGULATION:

Article 1

1. The form to be used for the attestation concerning a decision in a matter of succession referred to in Article 46(3)(b) of Regulation (EU) No 650/2012 shall be as set out in Annex 1 as Form I.
2. The form to be used for the attestation concerning an authentic instrument in a matter of succession referred to in Articles 59(1) and 60(2) of Regulation (EU) No 650/2012 shall be as set out in Annex 2 as Form II.
3. The form to be used for the attestation concerning a court settlement in a matter of succession referred to in Article 61(2) of Regulation (EU) No 650/2012 shall be as set out in Annex 3 as Form III.

⁽¹⁾ OJ L 201, 27.7.2012, p. 107.

4. The form to be used for the application for a European Certificate of Succession referred to in Article 65(2) of Regulation (EU) No 650/2012 shall be as set out in Annex 4 as Form IV.
5. The form to be used for the European Certificate of Succession referred to in Article 67(1) of Regulation (EU) No 650/2012 shall be as set out in Annex 5 as Form V.

Article 2

This Regulation shall enter into force on 17 August 2015.

This Regulation shall be binding in its entirety and directly applicable in the Member States in accordance with the Treaties.

Done at Brussels, 9 December 2014.

For the Commission
The President
Jean-Claude JUNCKER

ANNEX I

FORM I

ATTESTATION

concerning a decision in a matter of succession

(Article 46(3)(b) of Regulation (EU) No 650/2012 of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession ⁽¹⁾)

1. Member State of origin (*)

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta Netherlands
 Austria Poland Portugal Romania Slovenia Slovakia Finland Sweden

2. Court or competent authority issuing the attestation

2.1. Name and designation of court or authority (*):

2.2. Address

2.2.1. Street and number/PO box (*):

2.2.2. Place and postcode (*):

2.3. Telephone (*):

2.4. Fax

2.5. E-mail:

2.6. Other relevant information (please specify):

3. Court ⁽²⁾ which gave the decision (to be completed ONLY if different from the authority referred to in section 2)

3.1. Name and designation of court (*):

3.2. Address

3.2.1. Street and number/PO box (*):

3.2.2. Place and postcode (*):

3.3. Telephone (*):

3.4. Fax

3.5. E-mail:

4. Decision

4.1. Date (dd/mm/yyyy) of the decision (*):

4.2. Reference number of the decision (*):

4.3. Parties to the decision ⁽³⁾**4.3.1. Party A**4.3.1.1. Surname and given name(s) or organisation name (*):
.....

4.3.1.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:

4.3.1.3. Identification number ⁽⁴⁾

4.3.1.3.1. Identity number:

4.3.1.3.2. Social security number:

4.3.1.3.3. Registration number:

4.3.1.3.4. Other (please specify):

4.3.1.4. Address

4.3.1.4.1. Street and number/PO box:
.....
.....

4.3.1.4.2. Place and postcode:

4.3.1.4.3. Country

 Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland Sweden Other (please specify ISO-code):

4.3.1.5. E-mail:

.....

4.3.1.6. Role in the proceedings (*)

4.3.1.6.1. Claimant4.3.1.6.2. Defendant4.3.1.6.3. Other (please specify):

4.3.1.7. Status in the succession (please tick more than one box, if relevant) (*)

4.3.1.7.1. Heir4.3.1.7.2. Legatee4.3.1.7.3. Executor4.3.1.7.4. Administrator4.3.1.7.5. Other (please specify):

4.3.2.	Party B
4.3.2.1.	Surname and given name(s) or organisation name (*):

4.3.2.2.	Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:
4.3.2.3.	Identification number (⁴)
4.3.2.3.1.	Identity number:
4.3.2.3.2.	Social security number:
4.3.2.3.3.	Registration number:
4.3.2.3.4.	Other (please specify):
4.3.2.4.	Address
4.3.2.4.1.	Street and number/PO box:

4.3.2.4.2.	Place and postcode:
4.3.2.4.3.	Country
	<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France
	<input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta
	<input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland
	<input type="checkbox"/> Sweden
	<input type="checkbox"/> Other (please specify ISO-code):
4.3.2.5.	E-mail:
4.3.2.6.	Role in the proceedings (*)
4.3.2.6.1.	<input type="checkbox"/> Claimant
4.3.2.6.2.	<input type="checkbox"/> Defendant
4.3.2.6.3.	<input type="checkbox"/> Other (please specify):
4.3.2.7.	Status in the succession (please tick more than one box, if relevant) (*)
4.3.2.7.1.	<input type="checkbox"/> Heir
4.3.2.7.2.	<input type="checkbox"/> Legatee
4.3.2.7.3.	<input type="checkbox"/> Executor
4.3.2.7.4.	<input type="checkbox"/> Administrator
4.3.2.7.5.	<input type="checkbox"/> Other (please specify):
4.4.	The decision was given in default of appearance (*)
4.4.1.	<input type="checkbox"/> Yes (please indicate the date (dd/mm/yyyy) on which the document instituting the proceedings or the equivalent document was served on the person concerned):
4.4.2.	<input type="checkbox"/> No
4.5.	Is registration in a public register sought?
4.5.1.	<input type="checkbox"/> Yes
4.5.2.	<input type="checkbox"/> No
4.6.	If YES under point 4.5.1., the decision is no longer subject to ordinary appeal, including any appeal to the Court of last instance:
4.6.1.	<input type="checkbox"/> Yes
4.6.2.	<input type="checkbox"/> No

<p>5.</p> <p>5.1.</p> <p>5.1.1.</p> <p>5.1.2.</p> <p>5.1.3.</p> <p>5.2.</p> <p>5.2.1.</p> <p>5.2.2.</p> <p>5.2.3.</p> <p>5.2.3.1.</p> <p>5.2.3.2.</p> <p>5.2.3.3.</p>	<p>Enforceability of the decision</p> <p>Is attestation sought for the purpose of enforcement of the decision in another Member State? (*)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p>If YES under point 5.1.1., the decision is enforceable in the Member State of origin without any further conditions having to be met (*)</p> <p><input type="checkbox"/> Yes (please specify the enforceable obligation(s):)</p> <p><input type="checkbox"/> Yes, but limited to part(s) of the decision (please specify the enforceable obligation(s):)</p> <p>The obligation(s) is (are) enforceable against the following person(s):</p> <p><input type="checkbox"/> Party A</p> <p><input type="checkbox"/> Party B</p> <p><input type="checkbox"/> Other (please specify):</p>
<p>6.</p> <p>6.1.</p> <p>6.1.1.</p> <p>6.1.2.</p> <p>6.2.</p> <p>6.2.1.</p> <p>6.2.1.1.</p> <p>6.2.1.2.</p> <p>6.2.1.2.1.</p> <p>6.2.1.2.2.</p> <p>6.2.1.2.3.</p> <p>6.2.1.2.3.1.</p> <p>6.2.1.2.3.2.</p>	<p>Interest</p> <p>Is recovery of interest sought? (*)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If YES under point 6.1.1 (*)</p> <p>Interest</p> <p><input type="checkbox"/> Not specified in the decision</p> <p><input type="checkbox"/> Yes, specified in the decision as follows</p> <p>Interest due from: (date (dd/mm/yyyy) or event) to: (date (dd/mm/yyyy) or event) ⁽⁵⁾</p> <p><input type="checkbox"/> Final Amount:</p> <p><input type="checkbox"/> Method to calculate the interest</p> <p><input type="checkbox"/> Rate: %</p> <p><input type="checkbox"/> Rate: % over reference rate (ECB/reference rate of national central bank:) in force on: (date (dd/mm/yyyy) or event)</p>

6.2.2. Statutory interest to be calculated in accordance with (please specify relevant statute):

.....

.....

.....

.....

6.2.2.1. Interest due from: (date (dd/mm/yyyy) or event) to: (date (dd/mm/yyyy) or event) ⁽⁵⁾

6.2.2.2. Method to calculate the interest

6.2.2.2.1. Rate: %

6.2.2.2.2. Rate: % over reference rate (ECB/reference rate of national central bank:)

in force on: (date (dd/mm/yyyy) or event)

6.2.2.2.2.1. First date of the respective semester in which the debtor is overdue

6.2.2.2.2.2. Other event (please specify):

6.2.3. Capitalisation of interest (please specify):

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6.2.4. Currency

euro (EUR) lev (BGN)

Czech koruna (CZK) kuna (HRK)

forint (HUF) zloty (PLN)

Romanian leu (RON) krona (SEK)

Other (please specify (ISO code)):

7. Costs or expenses

7.1. Parties having benefited from complete or partial legal aid

7.1.1. Party A

7.1.2. Party B

7.1.3. Other Party (please specify):

7.2. Parties having benefited from exemption from costs or expenses

7.2.1. Party A

7.2.2. Party B

7.2.3. Other Party (please specify):

7.3.	Is recovery of costs or expenses sought? (*)
7.3.1.	<input type="checkbox"/> Yes ⁽⁶⁾
7.3.2.	<input type="checkbox"/> No
7.4.	If YES under point 7.3.1., the following person(s) against whom enforcement is sought has/have been ordered to bear the costs or expenses (*)
7.4.1.	<input type="checkbox"/> Party A
7.4.2.	<input type="checkbox"/> Party B
7.4.3.	<input type="checkbox"/> Other Party (please specify):
7.4.4.	<input type="checkbox"/> If more than one person has to bear the costs or expenses, may the whole amount be collected from any of them?
7.4.4.1.	<input type="checkbox"/> Yes
7.4.4.2.	<input type="checkbox"/> No
7.5.	If YES under point 7.3.1., the costs or expenses for which recovery is sought are as follows (in the event that the costs or expenses may be recovered from several persons, insert the breakdown for each person separately) (*)
7.5.1.	<input type="checkbox"/> The costs or expenses have been fixed in the decision by way of a total amount (please specify the amount):
7.5.2.	<input type="checkbox"/> The costs or expenses have been fixed in the decision by way of a percentage of total costs (please specify percentage of total): %.
7.5.3.	<input type="checkbox"/> Liability for the costs or expenses has been determined in the decision and the exact amounts are as follows:
7.5.3.1.	<input type="checkbox"/> Court fees:
7.5.3.2.	<input type="checkbox"/> Lawyers' fees:
7.5.3.3.	<input type="checkbox"/> Cost of service of documents:
7.5.3.4.	<input type="checkbox"/> Other (please specify):
7.5.4.	<input type="checkbox"/> Other (please specify):
7.6.	If YES under point 7.3.1. (*)
7.6.1.	Interest on costs or expenses
7.6.1.1.	<input type="checkbox"/> Not specified in the decision
7.6.1.2.	<input type="checkbox"/> Yes, specified in the decision as follows
7.6.1.2.1.	Interest due from: (date (dd/mm/yyyy) or event) to: (date (dd/mm/yyyy) or event) ⁽⁵⁾
7.6.1.2.2.	<input type="checkbox"/> Final amount:
7.6.1.2.3.	<input type="checkbox"/> Method to calculate the interest
7.6.1.2.3.1.	<input type="checkbox"/> Rate: %
7.6.1.2.3.2.	<input type="checkbox"/> Rate: % over reference rate (ECB/reference rate of national central bank:) in force on: (date (dd/mm/yyyy) or event)

7.6.2. Statutory interest to be calculated in accordance with (please specify relevant statute):

.....

.....

.....

7.6.2.1. Interest due from: (date (dd/mm/yyyy) or event)
to: (date (dd/mm/yyyy) or event) ⁽⁵⁾

7.6.2.2. Method to calculate the interest

7.6.2.2.1. Rate: %

7.6.2.2.2. Rate: % over reference rate (ECB/reference rate of national central bank)
in force on: (date (dd/mm/yyyy) or event)

7.6.3. Capitalisation of interest (please specify):

.....

.....

.....

7.6.4. Currency

euro (EUR) lev (BGN)

Czech koruna (CZK) kuna (HRK)

forint (HUF) zloty (PLN)

Romanian leu (RON) krona (SEK)

Other (please specify (ISO code)):

If additional sheets have been attached, state the total number of pages (*):

Done at (*): on (*): (dd/mm/yyyy)

Signature and/or stamp of the court or competent authority issuing the attestation (*):

.....

.....

(*) Mandatory information.

(¹) OJ L 201, 27.7.2012, p. 107.

(²) In accordance with Article 3(2) of Regulation (EU) No 650/2012, the term 'court' includes under certain conditions, in addition to judicial authorities, other authorities and legal professionals with competence in matters of succession which exercise judicial functions or act pursuant to a delegation of power by a judicial authority or act under the control of a judicial authority. The list of these other authorities and legal professionals is published in the *Official Journal of the European Union*.

(³) If the decision concerns more than two parties, please attach an additional sheet.

(⁴) Please indicate the most relevant number if applicable.

(⁵) Add the number of periods necessary if more than one period.

(⁶) This point also covers situations where the costs or expenses are awarded in a separate decision.

ANNEX 2

FORM II

ATTESTATION	
concerning an authentic instrument in a matter of succession	
(Articles 59(1) and 60(2) of Regulation (EU) No 650/2012 of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession ⁽¹⁾)	
1. Member State of origin (*)	
<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden	
2. Authority having established the authentic instrument and issuing the attestation	
2.1.	Name and designation of authority (*):
2.2.	Address
2.2.1.	Street and number/PO box (*):

2.2.2.	Place and postcode (*):
2.3.	Telephone (*):
2.4.	Fax
2.5.	E-mail:
2.6.	Other relevant information (please specify):

3. Authentic instrument	
3.1.	Date (dd/mm/yyyy) on which the authentic instrument was drawn up (*):
3.2.	Reference number of the authentic instrument:
3.3.	Date (dd/mm/yyyy) on which the authentic instrument was
3.3.1.	registered at the register in the Member State of origin OR
3.3.2.	deposited at the register in the Member State of origin
(3.3.1 or 3.3.2 to be completed ONLY if different from the date indicated in point 3.1. and if the date of registration/deposit at the register determines the legal effect of the instrument)	
3.3.3.	Reference number in the register:
3.4.	Parties to the authentic instrument ⁽²⁾

3.4.1. **Party A**

3.4.1.1. Surname and given name(s) or organisation name (*):

.....

3.4.1.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:

3.4.1.3. Identification number ⁽³⁾

3.4.1.3.1. Identity number:

3.4.1.3.2. Social security number:

3.4.1.3.3. Registration number:

3.4.1.3.4. Other (please specify):

3.4.1.4. Address

3.4.1.4.1. Street and number/PO box:

.....

3.4.1.4.2. Place and postcode:

3.4.1.4.3. Country

Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
 Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
 Sweden

Other (please specify ISO-code):

3.4.1.5. Status of Party A (please tick more than one box, if relevant) (*)

3.4.1.5.1. Heir

3.4.1.5.2. Legatee

3.4.1.5.3. Executor

3.4.1.5.4. Administrator

3.4.1.5.5. Testator

3.4.1.5.6. Other (please specify):

3.4.2. **Party B**

3.4.2.1. Surname and given name(s) organisation name (*):

.....

3.4.2.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:

3.4.2.3. Identification number ⁽³⁾

3.4.2.3.1. Identity number:

3.4.2.3.2. Social security number:

3.4.2.3.3. Registration number:

3.4.2.3.4. Other (please specify):

3.4.2.4. Address

3.4.2.4.1. Street and number/PO box:

.....

3.4.2.4.2. Place and postcode:

3.4.2.4.3. Country

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
 Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
 Sweden

Other (please specify ISO-code):

3.4.2.5. Status of Party B (please tick more than one box, if relevant) (*)

3.4.2.5.1. Heir

3.4.2.5.2. Legatee

3.4.2.5.3. Executor

3.4.2.5.4. Administrator

3.4.2.5.5. Testator

3.4.2.5.6. Other (please specify):

4. **Acceptance of the authentic instrument** (Article 59 of Regulation (EU) No 650/2012)

4.1. Is acceptance of the authentic instrument sought? (*)

4.1.1. Yes

4.1.2. No

4.2. **Authenticity of the instrument** ((*) *If YES under point 4.1.1.*)

4.2.1. Under the law of the Member State of origin, the authentic instrument has specific evidentiary effects compared to other written documents (*).

4.2.1.1. The specific evidentiary effects concern the following elements: (*)

4.2.1.1.1. the date the authentic instrument was drawn up

4.2.1.1.2. the place where the authentic instrument was drawn up

4.2.1.1.3. the origin of the signatures from the parties of the authentic instrument

4.2.1.1.4. the content of the declarations of the parties

4.2.1.1.5. the facts that the authority declares as having been verified in its presence

4.2.1.1.6. the actions which the authority declares to have carried out

4.2.1.1.7. other (please specify):

.....

4.2.2. Under the law of the Member State of origin, the authentic instrument loses its specific evidentiary effects on the basis of (please indicate if relevant):

4.2.2.1. a judicial decision given in

4.2.2.1.1. an ordinary judicial procedure

- 4.2.2.1.2. a special judicial procedure provided by the law for this purpose (please indicate the name and/or the relevant legal references):
-
-
- 4.2.2.2. Other (please specify):
-
- 4.2.3. To the knowledge of the authority, the authentic instrument has not been challenged in the Member State of origin as to its authenticity (*).
- 4.3. **Legal acts and relationships recorded in the authentic instrument ((* if YES under point 4.1.1.)**
- 4.3.1. To the knowledge of the authority, the authentic instrument (*):
- 4.3.1.1. is not challenged as to the legal acts and/or legal relationships recorded
- 4.3.1.2. is being challenged as to the legal acts and/or legal relationships recorded on specific points not covered by this attestation (please specify):
-
-
-
- 4.3.2. Other relevant information (please specify):
-
-
-

5. **Other information**

- 5.1. In the Member State of origin, the authentic instrument is a valid document for the purposes of recording a right in immovable or movable property in its registers (⁴).
- 5.1.1. Yes (please specify):
-
-
-
- 5.1.2. No

6. **Enforceability of the authentic instrument** (Article 60 of Regulation (EU) No 650/2012)

- 6.1. Is enforcement of the authentic instrument sought? (*)
- 6.1.1. Yes
- 6.1.2. No
- 6.2. If YES under point 6.1.1., is the authentic instrument enforceable in the Member State of origin without any further conditions having to be met? (*)

6.2.1. Yes (please specify the enforceable obligation(s)):

.....

.....

6.2.2. Yes, but limited to part(s) of the authentic instrument (please specify the enforceable obligation(s)):

.....

.....

6.2.3. The obligation(s) is(are) enforceable against the following person(s): (*)

6.2.3.1. Party A

6.2.3.2. Party B

6.2.3.3. Other (please specify):

.....

.....

7. Interest

7.1. Is recovery of interest sought? (*)

7.1.1. Yes

7.1.2. No

7.2. If YES under point 7.1.1. (*)

7.2.1. Interest

7.2.1.1. Not specified in the authentic instrument

7.2.1.2. Yes, specified in the authentic instrument as follows

7.2.1.2.1. Interest due from: (date (dd/mm/yyyy) or event)

to: (date (dd/mm/yyyy) or event) ⁽⁵⁾

7.2.1.2.2. Final amount:

7.2.1.2.3. Method to calculate the interest

7.2.1.2.3.1. Rate: %

7.2.1.2.3.2. Rate: % over reference rate (ECB/reference rate of national central bank:)

in force on: (date (dd/mm/yyyy) or event)

7.2.2. Statutory interest to be calculated in accordance with (specify relevant statute):

.....

.....

7.2.2.1. Interest due from: (date (dd/mm/yyyy) or event)

to: (date (dd/mm/yyyy) or event) ⁽⁵⁾

7.2.2.2. Method to calculate the interest

7.2.2.2.1. Rate: %

7.2.2.2. Rate: % over reference rate (ECB/reference rate of national central bank:)
in force on: (date (dd/mm/yyyy) or event)

7.2.3. Capitalisation of interest (please specify):
.....
.....

7.2.4. Currency
 euro (EUR) lev (BGN)
 Czech koruna (CZK) kuna (HRK)
 forint (HUF) zloty (PLN)
 Romanian leu (RON) krona (SEK)
 Other (please specify (ISO code)):

If additional sheets have been attached, state the total number of pages (*):

Done at (*): on (*): (dd/mm/yyyy)

Signature and/or stamp of the court or competent authority issuing the attestation (*):
.....
.....

(*) Mandatory information.

⁽¹⁾ OJ L 201, 27.7.2012, p. 107.

⁽²⁾ If the authentic instrument concerns more than two parties, please attach an additional sheet.

⁽³⁾ Please indicate the most relevant number if applicable.

⁽⁴⁾ The recording in a register of a right in immovable or movable property is subject to the law of the Member State in which the register is kept.

⁽⁵⁾ Add the number of periods necessary if more than one period.

ANNEX 3

FORM III

ATTESTATION	
concerning a court settlement in a matter of succession	
(Article 61(2) of Regulation (EU) No 650/2012 of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession ⁽¹⁾)	
1.	<p>Member State of origin (*)</p> <p> <input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden </p>
2.	<p>Court which approved the court settlement or before which the court settlement was concluded and issuing the attestation</p> <p>2.1. Name and designation of court ⁽²⁾ (*):</p> <p>2.2. Address</p> <p>2.2.1. Street and number/PO box (*):</p> <p>.....</p> <p>.....</p> <p>2.2.2. Place and postcode (*):</p> <p>2.3. Telephone (*):</p> <p>2.4. Fax</p> <p>2.5. E-mail:</p> <p>2.6. Other relevant information (please specify):</p> <p>.....</p> <p>.....</p>
3.	<p>Court settlement</p> <p>3.1. Date (dd/mm/yyyy) of the court settlement (*):</p> <p>3.2. Reference number of court settlement</p> <p>3.3. Parties to the court settlement ⁽³⁾:</p> <p>3.3.1. Party A</p> <p>3.3.1.1. Surname and given name(s) or organisation name (*):</p> <p>.....</p> <p>3.3.1.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:</p>

3.3.1.3. Identification number ⁽⁴⁾

3.3.1.3.1. Identity number:

3.3.1.3.2. Social security number:

3.3.1.3.3. Registration number:

3.3.1.3.4. Other (please specify):

3.3.1.4. Address

3.3.1.4.1. Street and number/PO box:

.....

3.3.1.4.2. Place and postcode:

3.3.1.4.3. Country:

Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France

Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta

Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland

Sweden

Other (please specify ISO-code):

3.3.1.5. E-mail:

3.3.1.6. Role in the proceedings (*)

3.3.1.6.1. Claimant

3.3.1.6.2. Defendant

3.3.1.6.3. Other (please specify):

3.3.1.7. Status in the succession (please tick more than one box, if relevant) (*)

3.3.1.7.1. Heir

3.3.1.7.2. Legatee

3.3.1.7.3. Executor

3.3.1.7.4. Administrator

3.3.1.7.5. Other (please specify):

3.3.2. **Party B**

3.3.2.1. Surname and given name(s) or organisation name (*):

.....

3.3.2.2. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:

3.3.2.3. Identification number

3.3.2.3.1. Identity number:

3.3.2.3.2. Social security number:

3.3.2.3.3. Registration number:

3.3.2.3.4. Other (please specify):

3.3.2.4. Address

3.3.2.4.1. Street and number/PO box:

3.3.2.4.2. Place and postcode:

3.3.2.4.3. Country

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
- Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
- Sweden

Other (please specify ISO-code):

3.3.2.5. E-mail:

3.3.2.6. Role in the proceedings (*)

3.3.2.6.1. Claimant

3.3.2.6.2. Defendant

3.3.2.6.3. Other (please specify):

3.3.2.7. Status in the succession (please tick more than one box, if relevant) (*)

3.3.2.7.1. Heir

3.3.2.7.2. Legatee

3.3.2.7.3. Executor

3.3.2.7.4. Administrator

3.3.2.7.5. Other (please specify):

4. Enforceability of the court settlement

4.1. Is the court settlement enforceable in the Member State of origin without any further conditions having to be met? (*)

4.1.1. Yes (please specify the enforceable obligation(s)):

4.1.2. Yes, but limited to part(s) of the court settlement (please specify the enforceable obligation(s)):

4.2. The obligation is enforceable against the following person(s) (*)

4.2.1. Party A

4.2.2. Party B

4.2.3. Other (please specify):

5. Interest

5.1. Is recovery of interest sought? (*)

5.1.1. Yes

5.1.2. No

5.2. If YES under point 5.1.1. (*)

5.2.1. Interest

5.2.1.1. Not specified in the court settlement

5.2.1.2. Yes, specified in the court settlement as follows:

5.2.1.2.1. Interest due from: (date (dd/mm/yyyy) or event)
to: (date (dd/mm/yyyy) or event) ⁽⁵⁾

5.2.1.2.2. Final amount:

5.2.1.2.3. Method to calculate the interest

5.2.1.2.3.1. Rate: %

5.2.1.2.3.2. Rate: % over reference rate (ECB/reference rate of national central bank:)
in force on: (date (dd/mm/yyyy) or event)

5.2.2. Statutory interest to be calculated in accordance with (specify relevant statute):
.....
.....

5.2.2.1. Interest due from: (date (dd/mm/yyyy) or event)
to: (date (dd/mm/yyyy) or event) ⁽⁵⁾

5.2.2.2. Method to calculate the interest

5.2.2.2.1. Rate: %

5.2.2.2.2. Rate: % over reference rate (ECB/reference rate of national central bank:)
in force on: (date (dd/mm/yyyy) or event)

5.2.3. Capitalisation of interest (please specify):
.....
.....

5.2.4. Currency

euro (EUR) lev (BGN)

Czech koruna (CZK) kuna (HRK)

forint (HUF) zloty (PLN)

Romanian leu (RON) krona (SEK)

Other (please specify (ISO code)):

If additional sheets have been added, state the total number of pages (*):

Done at (*): **on (*)**: **(dd/mm/yyyy)**

Signature and/or stamp of the court issuing the attestation (*):

.....

(*) Mandatory information.

(¹) OJ L 201, 27.7.2012, p. 107.

(²) In accordance with Article 3(2) of Regulation (EU) No 650/2012, the term 'court' includes under certain conditions, in addition to judicial authorities, other authorities and legal professionals with competence in matters of succession which exercise judicial functions or act pursuant to a delegation of power by a judicial authority or act under the control of a judicial authority. The list of these other authorities and legal professionals is published in the *Official Journal of the European Union*.

(³) If the court settlement concerns more than two parties, please attach an additional sheet.

(⁴) Please indicate the most relevant number if applicable.

(⁵) Add the number of periods necessary if more than one period.

ANNEX 4

FORM IV

Application for a European Certificate of Succession

(Article 65 of Regulation (EU) No 650/2012 of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession ⁽¹⁾)

NOTICE TO THE APPLICANT

This non-mandatory form may facilitate the gathering of the information needed to issue the European Certificate of Succession. Its annexes enable you to provide additional relevant information in specific situations.

Please check beforehand which information is relevant for the purpose of issuing the certificate.

Annexes included in the application form ⁽²⁾

- Annex I — Details concerning the court or the other competent authority which is dealing with or has dealt with the succession as such (MANDATORY if different from the authority referred to in section 2 of the application form)
- Annex II — Details concerning the applicant(s) (MANDATORY if the applicant(s) is (are) (a) legal person(s))
- Annex III — Details concerning the representative of the applicant(s) (MANDATORY if the applicant(s) is(are) represented)
- Annex IV — Details of the (ex-)spouse or (ex-)partner of the deceased (MANDATORY if the deceased had a(n) (ex-)spouse or (ex-)partner)
- Annex V — Details of possible beneficiaries (MANDATORY if different from the applicant or the (ex-)spouse or (ex-)partner)
- No Annex is included

1. **Member State of the authority to which the application is submitted** ⁽³⁾ (*)

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta Netherlands
 Austria Poland Portugal Romania Slovenia Slovakia Finland Sweden

2. **Authority to which the application is submitted** ⁽⁴⁾

2.1. Name (*):

2.2. Address

2.2.1. Street and number/PO box (*):

2.2.2. Place and postcode (*):

2.3. Other relevant information (please specify):

3. Details concerning the applicant (natural person)

3.1. Surname and given name(s) (*):

.....

3.2. Surname at birth (if different from point 3.1.):

3.3. Sex (*)

3.3.1. M

3.3.2. F

3.4. Date (dd/mm/yyyy) and place of birth (*):

3.5. Civil status

3.5.1. Single

3.5.2. Married

3.5.3. Registered partner

3.5.4. Divorced

3.5.5. Widowed

3.5.6. Other (please specify):

3.6. Nationality (*)

Belgium Bulgaria Czech Republic Germany Estonia Greece Spain

France Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary

Malta Netherlands Austria Poland Portugal Romania Slovenia Slovakia

Finland Sweden

Other (please specify ISO-code):

3.7. Identification number ⁽⁶⁾:

3.7.1. National identity number:

3.7.2. Social security number:

3.7.3. Tax number:

3.7.4. Other (please specify):

3.8. Address

3.8.1. Street and number/PO box (*):

.....

.....

3.8.2. Place and postcode (*):

3.8.3. Country (*)

Belgium Bulgaria Czech Republic Germany Estonia Greece Spain

France Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary

Malta Netherlands Austria Poland Portugal Romania Slovenia Slovakia

Finland Sweden

Other (please specify ISO-code):

4.4. Powers of administration of the estate

The Certificate is needed for use in another Member State to exercise the powers of administration of the estate (please specify the powers and, as the case may be, to which asset(s) they relate):

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

5. Details concerning the deceased

5.1. Surname and given name(s) (*):

.....

5.2. Surname at birth (if different from point 5.1.):

.....

5.3. Sex (*)

5.3.1. M

5.3.2. F

5.4. Date (dd/mm/yyyy) and place of birth (town/country (ISO code)) (*):

.....

5.5. Date (dd/mm/yyyy) and place of death (town/country (ISO code)) (*):

.....

5.6. Civil status at the time of death ⁽¹⁰⁾ (*)

5.6.1. Single

5.6.2. Married

5.6.3. Registered partner

5.6.4. Divorced

5.6.5. Widowed

5.6.6. Other (please specify):

5.7. Nationality (*)

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
- Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
- Sweden

Other (please specify ISO-code):

- 5.8. Identification number ⁽⁶⁾
- 5.8.1. National identity number:
- 5.8.2. Birth certificate number:
- 5.8.3. Death certificate number:
- 5.8.4. Social security number:
- 5.8.5. Tax number:
- 5.8.6. Other (please specify):
- 5.9. Address at the time of death ⁽¹¹⁾
- 5.9.1. Street and number/PO box (*):
-
-
- 5.9.2. Place and postcode (*):
- 5.9.3. Country (*)
- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
- Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
- Sweden
- Other (please specify ISO-code):

6. Additional information

- 6.1. Elements on which you found your claimed right to the succession (**)
- 6.1.1. I am a beneficiary under a disposition of property upon death
- 6.1.2. I am a beneficiary by operation of law
- 6.2. Elements on which you found your power to execute the will of the deceased (***)
- 6.2.1. I was designated as executor in a disposition of property upon death
- 6.2.2. I have been appointed executor by a court
- 6.2.3. Other (please specify):
-
-
- 6.3. Elements on which you found your power to administer the estate of the deceased (***)
- 6.3.1. I am the administrator under a disposition of property upon death
- 6.3.2. I have been appointed administrator by a court
- 6.3.3. I have been designated as administrator by an out of court agreement between the beneficiaries
- 6.3.4. I have the power to administer by operation of law
- 6.4. Has the deceased made at least one disposition of property upon death? (*)
- 6.4.1. Yes
- 6.4.2. No
- 6.4.3. Don't know

6.5. Has the deceased specified which law should govern the succession (choice of law)? (*)

6.5.1. Yes

6.5.2. No

6.5.3. Don't know

6.6. At the time of death, was the deceased joint owner with a person, other than his/her (ex-)spouse or (ex-) partner mentioned in Annex IV, of one or more assets forming part of the estate? (*)

6.6.1. Yes (please give details of the person(s) concerned and specify asset(s)):

.....
.....
.....
.....
.....
.....
.....

6.6.2. No

6.6.3. Don't know

6.7. Are there any (other) possible beneficiaries?*

6.7.1. Yes ⁽¹²⁾

6.7.2. No

6.7.3. Don't know

6.8. Have any of the beneficiaries explicitly accepted the succession? (*)

6.8.1. Yes (please specify):

.....
.....

6.8.2. No

6.8.3. Don't know

6.9. Have any of the beneficiaries explicitly waived the succession? (*)

6.9.1. Yes (please specify):

.....
.....

6.9.2. No

6.9.3. Don't know

6.10. Any other information which you deem useful for the purposes of the issue of the Certificate (in addition to the information in section 4 of the application form or in the Annexes):

.....
.....
.....
.....
.....
.....
.....

7. Documents attached to the application form

The applicant shall provide all relevant documents to prove the information contained in this form. Therefore — if possible and when the Authority specified under section 2 does not have it yet — please append the original or a copy of the document which satisfies the conditions necessary to establish its authenticity.

- Death certificate or declaration of presumed death
- Court decision
- Choice of court agreement
- Will or joint will ⁽¹³⁾:
-
- Certificate of the register of wills
- Agreement as to succession ⁽¹³⁾:
-
- Declaration relating to a choice of law ⁽¹³⁾:
-
- Marriage contract or contract regarding a relationship which may have comparable effects to marriage ⁽¹³⁾:
-
-
- Declaration of acceptance of the succession
- Declaration of waiver of the succession
- Document relating to the designation of an administrator
- Document relating to the inventory of the estate
- Document relating to the distribution or sharing out of the estate
- Power of attorney
- Other (please specify):
-
-
-

If additional sheets and Annexes have been added, state the total number of pages (*):

Total number of documents attached to this application form (*):

Done at (*): on (*) (dd/mm/yyyy)

Signature (*):

I declare that, to my best knowledge, no dispute is pending relating to the elements which I want certified in the Certificate.

Done at (*): on (*) (dd/mm/yyyy)

Signature (*):

FORM IV — ANNEX I

**Court or other competent authority which is dealing with or
has dealt with the succession as such
(to be completed ONLY if different from section 2 of the application form)**

1. Name and designation of court or competent authority (*):
-
-
2. Address
- 2.1. Street and number/PO box (*):
-
-
- 2.2. Place and postcode (*):
- 2.3. Country (*)
- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta Netherlands
- Austria Poland Portugal Romania Slovenia Slovakia Finland Sweden
- Other (please specify ISO-code):
3. Telephone (*):
4. Fax
5. E-mail:
6. Reference number of the case:
7. Other relevant information (please specify):
-
-
-
-

FORM IV — ANNEX II

Details concerning the applicant(s) (to be completed ONLY if the applicant(s) is(are) (a) legal person(s))⁽¹⁴⁾	
1.	Organisation name (*):

2.	Registration of the organisation
2.1.	Registration number:
2.2.	Designation of the register/registration authority (*):
2.3.	Date (dd/mm/yyyy) and place of registration:
3.	Address of the organisation
3.1.	Street and number/PO box (*):

3.2.	Place and postcode (*):
3.3.	Country (*)
	<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden <input type="checkbox"/> Other (please specify ISO-code):
4.	Telephone (*):
5.	Fax
6.	E-mail:
7.	Surname and given name(s) of person authorised to sign for the organisation (*):
8.	Other relevant information (please specify):

FORM IV — ANNEX III

**Details concerning the representative(s) of the applicant(s) ⁽¹⁵⁾
(to be completed ONLY if the applicant(s) is(are) represented)**

1. Surname and given name(s) or organisation name (*):
-
-
2. Registration of the organisation
- 2.1. Registration number:
- 2.2. Designation of the register/registration authority (*):
- 2.3. Date (dd/mm/yyyy) and place of registration:
3. Address
- 3.1. Street and number/PO box (*):
-
- 3.2. Place and postcode (*):
- 3.3. Country (*)
- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta Netherlands
- Austria Poland Portugal Romania Slovenia Slovakia Finland Sweden
- Other (please specify ISO-code):
4. Telephone:
5. Fax
6. E-mail:
7. Representative capacity (*)
- Guardian Parent Person authorised to sign for a legal person Person with power of attorney
- Other (please specify):

FORM IV — ANNEX IV

Details concerning the (ex-)spouse(s) or (ex-)partner(s) of the deceased ⁽¹⁶⁾
(to be completed ONLY if the deceased had a (ex-)spouse or (ex-)partner)

1. Is the (ex-) spouse or (ex-) partner the applicant? (*)

1.1. Yes (see information provided in section 3 of the application form — if relevant, please specify which applicant):

1.2. No

1.2.1. Surname and give name(s) (*):

1.2.2. Surname at birth (if different from point 1.2.1.):

1.2.3. Sex (*)

1.2.3.1. M

1.2.3.2. F

1.2.4. Date (dd/mm/yyyy) and place of birth (*):

1.2.5. Civil status

1.2.5.1. Single

1.2.5.2. Married

1.2.5.3. Registered partner

1.2.5.4. Divorced

1.2.5.5. Widowed

1.2.5.6. Other (please specify):

1.2.6. Nationality (*)

Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
 Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
 Sweden

Other (please specify ISO-code):

1.2.7. Identification number ⁽⁶⁾

1.2.7.1. National identity number:

1.2.7.2. Social security number:

1.2.7.3. Tax number:

1.2.7.4. Other (please specify):

1.2.8.	Address
1.2.8.1.	Street and number/PO box (*):

1.2.8.2.	Place and postcode (*):
1.2.8.3.	Country (*)
	<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France
	<input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta
	<input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland
	<input type="checkbox"/> Sweden
	<input type="checkbox"/> Other (please specify ISO-code):
1.2.9.	Telephone:
1.2.10.	E-mail:
1.2.11.	Relationship to the deceased at the time of death (*)
1.2.11.1.	<input type="checkbox"/> Married to the deceased
1.2.11.2.	<input type="checkbox"/> Registered partner of the deceased
1.2.11.3.	<input type="checkbox"/> Divorced from the deceased
1.2.11.4.	<input type="checkbox"/> Legally separated from the deceased
1.2.11.5.	<input type="checkbox"/> Other (please specify):
2.	Address of the couple at the time of marriage or registration of the partnership
2.1.	Street and number/PO box:

2.2.	Place and postcode:
2.3.	Country
	<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France
	<input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta
	<input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland
	<input type="checkbox"/> Sweden
	<input type="checkbox"/> Other (please specify ISO-code):
3.	Address of the spouse or partner at the time of death of the deceased (if different from point 5.9. of the application form)
3.1.	Street and number/PO box:

3.2.	Place and postcode:
3.3.	Country
	<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France
	<input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta
	<input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland
	<input type="checkbox"/> Sweden
	<input type="checkbox"/> Other (please specify ISO-code):

FORM IV — ANNEX V

Details of possible beneficiaries (other than the applicant, the (ex-)spouse or (ex-)partner) ⁽¹⁷⁾	
1. Beneficiary A	
1.1. Surname and given name(s) or organisation name (*): .....	.....
1.2. Surname at birth (if different from point 1.1.): .....	.....
1.3. Identification number ⁽⁶⁾	
1.3.1. National identity number: .....	.....
1.3.2. Social security number: .....	.....
1.3.3. Tax number: .....	.....
1.3.4. Registration number: .....	.....
1.3.5. Other (please specify): .....	.....
1.4. Address	
1.4.1. Street and number/PO box (*): .....	.....
1.4.2. Place and postcode (*): .....	.....
1.4.3. Country (*)	
<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France	
<input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta	
<input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland	
<input type="checkbox"/> Sweden	
<input type="checkbox"/> Other (please specify ISO-code): .....	.....
1.5. Telephone: .....	.....
1.6. E-mail: .....	.....

1.7. Relationship to the deceased

Son Daughter Father Mother Grandson Granddaughter Grandfather
 Grandmother Brother Sister Nephew Niece Uncle Aunt Cousin Other
(please specify):

1.8. Beneficiary (*)

1.8.1. under a disposition of property upon death1.8.2. by operation of law

2. Beneficiary B

2.1. Surname and given name(s) or organisation name (*):

2.2. Surname at birth (if different from point 2.1.):

2.3. Identification number ⁽⁶⁾

2.3.1. National identity number:

2.3.2. Social security number:

2.3.3. Tax number:

2.3.4. Registration number:

2.3.5. Other (please specify):

2.4. Address

2.4.1. Street and number/PO box (*):

2.4.2. Place and postcode (*):

2.4.3. Country (*)

Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
 Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
 Sweden

Other (please specify ISO-code):

2.5. Telephone:

2.6. E-mail:

2.7. Relationship to the deceased

Son Daughter Father Mother Grandson Granddaughter Grandfather
 Grandmother Brother Sister Nephew Niece Uncle Aunt Cousin Other
 (please specify):

2.8. Beneficiary (*)

2.8.1. under a disposition of property upon death2.8.2. by operation of law

(*) Mandatory information.

(**) Mandatory information if the purpose of the certificate is to certify rights to the succession.

(***). Mandatory information if the purpose of the certificate is to certify powers to execute the will or to administer the estate.

⁽¹⁾ OJ L 201, 27.7.2012, p. 107.⁽²⁾ Please tick the boxes which apply.⁽³⁾ This should be the Member State whose courts have jurisdiction pursuant to Regulation (EU) No 650/2012.⁽⁴⁾ If another authority is dealing or has dealt with the succession as such, please complete and append Annex I.⁽⁵⁾ For legal persons, please complete and append Annex II.

If there is more than one applicant, attach an additional sheet.

For representatives, please complete and append Annex III.

⁽⁶⁾ Please indicate the most relevant number if applicable.⁽⁷⁾ Please complete and append Annex IV.⁽⁸⁾ The concept of *de facto* partner includes legal institutions of cohabitation which exist in some Member States such as 'sambo' (Sweden) or 'avopuoliso' (Finland).⁽⁹⁾ Please tick more than one tick box if relevant.⁽¹⁰⁾ If the deceased was married or in a relationship which may have comparable effects to marriage, please complete and append Annex IV.⁽¹¹⁾ If the deceased had several residential addresses at the time of death, please indicate the most relevant one.⁽¹²⁾ For beneficiaries who are not an applicant or an (ex-)spouse or (ex-)partner, please complete and append Annex V.⁽¹³⁾ If neither the original nor a copy is appended, please indicate where the original may be located.⁽¹⁴⁾ If more than one legal person applies, please attach an additional sheet.⁽¹⁵⁾ If more than one representative, please attach an additional sheet.⁽¹⁶⁾ If more than one person, please attach an additional sheet.⁽¹⁷⁾ Refer to section 3 of the application form, Annexes II or IV.

Please indicate in particular all the direct descendants of the deceased of whom you are aware.

If you are aware of more than two possible beneficiaries, please attach additional sheet.

ANNEX 5

FORM V

European Certificate of Succession	
(Article 67 of Regulation (EU) No 650/2012 of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of decisions and acceptance and enforcement of authentic instruments in matters of succession and on the creation of a European Certificate of Succession ⁽¹⁾)	
The original of this Certificate remains in the possession of the issuing authority	
Certified copies of this Certificate are valid until the date indicated in the appropriate box at the end of this form	
Annexes included in the certificate (*)	
<input type="checkbox"/> Annex I — Details concerning the applicant(s) (MANDATORY if the applicant(s) is(are) (a) legal person(s))	
<input type="checkbox"/> Annex II — Details concerning the representative of the applicant(s) (MANDATORY if the applicant(s) is(are) represented)	
<input type="checkbox"/> Annex III — Information on the matrimonial property regime or other equivalent property regime of the deceased (MANDATORY if the deceased had such a regime at the time of death)	
<input type="checkbox"/> Annex IV — Status and rights of the heir(s) (MANDATORY if the purpose of the certificate is to certify those elements)	
<input type="checkbox"/> Annex V — Status and rights of the legatee(s) having direct rights in the succession (MANDATORY if the purpose of the certificate is to certify those elements)	
<input type="checkbox"/> Annex VI — Powers to execute a will or to administer the estate (MANDATORY if the purpose of the certificate is to certify those elements)	
<input type="checkbox"/> No Annex is included	
1. Member State of the issuing authority (*)	
<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden	
2. Issuing authority	
2.1. Name and designation of the authority (*):	
2.2. Address	
2.2.1. Street and number/PO box (*):	
.....	
.....	
2.2.2. Place and postcode (*):	
2.3. Telephone:	
2.4. Fax	
2.5. E-mail:	

3. Information on the file

3.1. Reference number (*):

3.2. Date (dd/mm/yyyy) of issue of the Certificate (*):

4. Competence of the issuing authority (Article 64 of Regulation (EU) No 650/2012)

4.1. The issuing authority is located in the Member State whose courts have jurisdiction to rule on the succession pursuant to (*)

 Article 4 of Regulation (EU) No 650/2012 (General jurisdiction) Article 7(a) of Regulation (EU) No 650/2012 (Jurisdiction in the event of a choice of law) Article 7(b) of Regulation (EU) No 650/2012 (Jurisdiction in the event of a choice of law) Article 7(c) of Regulation (EU) No 650/2012 (Jurisdiction in the event of a choice of law) Article 10 of Regulation (EU) No 650/2012 (Subsidiary jurisdiction) Article 11 of Regulation (EU) No 650/2012 (*Forum necessitatis*)4.2. Additional elements on the basis of which the issuing authority considers itself competent to issue the Certificate ⁽²⁾:**5. Details concerning the applicant (natural person ⁽³⁾)**

5.1. Surname and given name(s) (*):

5.2. Surname at birth (if different from point 5.1.):

5.3. Sex (*)

5.3.1. M5.3.2. F

5.4. Date (dd/mm/yyyy) and place of birth (town/country (ISO code)) (*):

5.5. Civil status (*)

5.5.1. Single5.5.2. Married5.5.3. Registered Partner5.5.4. Divorced5.5.5. Widowed5.5.6. Other (please specify):

- 5.6. Nationality (*)
 Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
 Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
 Sweden
 Other (please specify ISO-code):
- 5.7. Identification number ⁽⁴⁾
- 5.7.1. National identity number:
- 5.7.2. Social security number:
- 5.7.3. Tax number:
- 5.7.4. Other (please specify):
- 5.8. Address
- 5.8.1. Street and number/PO box (*):
-
- 5.8.2. Place and postcode (*):
-
- 5.8.3. Country (*)
 Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
 Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
 Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
 Sweden
 Other (please specify ISO-code):
- 5.9. Telephone:
- 5.10. Fax
- 5.11. E-mail:
- 5.12. Relationship to the deceased
 Son Daughter Father Mother Grandson Granddaughter Grandfather
 Grandmother Spouse Registered Partner *De Facto* Partner ⁽⁵⁾ Brother Sister
 Nephew Niece Uncle Aunt Cousin Other (please specify):

6. Details concerning the deceased

- 6.1. Surname and given name(s) (*):
-
- 6.2. Surname at birth (if different from point 6.1.):
- 6.3. Sex (*)
- 6.3.1. M
- 6.3.2. F

6.4. Date (dd/mm/yyyy) and place of birth (town/country (ISO-code)) (*):

6.5. Civil status at the time of death (*)

6.5.1. Single

6.5.2. Married

6.5.3. Registered Partner

6.5.4. Divorced

6.5.5. Widowed

6.5.6. Other (please specify):

6.6. Nationality (*)

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
- Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
- Sweden

Other (please specify ISO-code):

6.7. Identification number (4)

6.7.1. National identity number:

6.7.2. Social security number:

6.7.3. Tax number:

6.7.4. Birth certificate number:

6.7.5. Other (please specify):

6.8. Address at the time of death

6.8.1. Street and number/PO box (*):

6.8.2. Place and postcode (*):

6.8.3. Country (*)

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
- Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
- Sweden

Other (please specify ISO-code):

6.9. Date (dd/mm/yyyy) and place of death (*):

6.9.1. Death certificate number, date and place of issuance:

7. Testate/intestate succession

7.1. The succession is (*)

7.1.1. testate

7.1.2. intestate

7.1.3. partially testate and partially intestate

7.2. If the succession is testate or partially testate, the certificate is based on the following valid disposition(s) of property upon death ⁽⁶⁾

7.2.1. Type: Will Joint will Agreement as to succession

7.2.2. Date (dd/mm/yyyy) on which it was drawn up:

7.2.3. Place where it was drawn up (town/country (ISO code)):

7.2.4. Name and designation of the authority before which it was established:

7.2.5. Date (dd/mm/yyyy) on which it was registered or deposited:

7.2.6. Designation of the register or the depository:

7.2.7. Reference number of the disposition in the register or in the depository:

7.2.8. Other reference number:

7.3. To the knowledge of the issuing authority, other dispositions of property upon death made by the deceased, and which have been revoked or declared null and void, are the following ⁽⁶⁾

7.3.1. Type: Will Joint will Agreement as to succession

7.3.2. Date (dd/mm/yyyy) on which it was drawn up:

7.3.3. Place where it was drawn up (town/country (ISO code)):

7.3.4. Name and designation of the authority before which it was established:

7.3.5. Date (dd/mm/yyyy) on which it was registered or deposited:

7.3.6. Designation of the register or the depository:

7.3.7. Reference number of the disposition in the register or in the depository:

7.3.8. Other reference number:

7.4. Other relevant information in relation to Article 68(j) of Regulation (EU) No 605/2012 (please specify):

.....
.....
.....
.....
.....
.....

8. Law applicable to the succession

8.1. The law applicable to the succession is the law of (*)

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
- Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
- Sweden
- Other (please specify ISO-code):

8.2. The law applicable was determined on the basis of the following elements (*)

8.2.1. The deceased had his habitual residence in that State at the time of death (Article 21(1) of Regulation (EU) No 650/2012).

8.2.2. The deceased chose the law of that State of which he was a national (Article 22(1) of Regulation (EU) No 650/2012) (see point 7.2.).

8.2.3. The deceased was manifestly more closely connected with that State than with the State of his habitual residence (Article 21(2) of Regulation (EU) No 650/2012), please specify:
.....
.....
.....
.....
.....
.....

8.2.4. The law of a third State applied under Article 21(1) of Regulation (EU) No 650/2012 referred to the law of that State (Article 34(1) of Regulation (EU) No 650/2012). Please specify:
.....
.....
.....
.....

8.3. The law applicable is that of a State with more than one legal system (Articles 36 and 37 of Regulation (EU) No 650/2012).The following rules of law are applicable (please specify as the case may be, the territorial unit):
.....
.....

8.4. Special rules apply imposing restrictions concerning or affecting the succession in respect of certain assets of the deceased apply (Article 30 of the Regulation (EU) No 650/2012) (please specify the rules and assets concerned):
.....
.....
.....
.....

The authority certifies that it has taken all necessary steps to inform the beneficiaries of the application for a certificate and that, at the time of establishing the certificate, none of the elements contained in it were contested by the beneficiaries.

The following points have not been filled in because they were not deemed to be relevant for the purpose for which the Certificate was issued (*):

If additional sheets have been added, state the total number of pages (*):

Done at (*) On (*) (dd/mm/yyyy)

Signature and/or stamp of the issuing authority (*):

CERTIFIED COPY

This certified copy of the European Certificate of Succession has been issued

to (*):

(name of the applicant(s) or of the person(s) having demonstrated a legitimate interest) (Article 70 of Regulation (EU) No 650/2012)

It is valid until (*): (dd/mm/yyyy)

Date of issue (*): (dd/mm/yyyy)

Signature and/or stamp of the issuing authority (*):

FORM V — ANNEX I

Details concerning the applicant(s) (legal persons ⁽⁷⁾)	
1.	Organisation name (*):

2.	Registration of the organisation (*)
2.1.	Registration number ⁽⁴⁾ :

2.2.	Designation of the register/registration authority (*):

2.3.	Date (dd/mm/yyyy) and place of registration (*):

3.	Address of the organisation
3.1.	Street and number/PO box (*):

3.2.	Place and postcode (*):
3.3.	Country (*)
	<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France
	<input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands
	<input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden
	<input type="checkbox"/> Other (please specify ISO-code):
4.	Telephone (*):
5.	Fax
6.	E-mail:
7.	Surname and given name(s) of person authorised to sign for the organisation (*):

8.	Other relevant information (please specify):

FORM V — ANNEX II

Details concerning the representative(s) of the applicant(s) ⁽⁸⁾	
1.	Surname and given name(s) or organisation name (*):

2.	Registration of the organisation
2.1.	Registration number:
2.2.	Designation of the register/registration authority (*):
2.3.	Date (dd/mm/yyyy) and place of registration (*):
3.	Address
3.1.	Street and number/PO box (*):

3.2.	Place and postcode (*):
3.3.	Country (*)
	<input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France
	<input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands
	<input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden
	<input type="checkbox"/> Other (please specify ISO-code):
4.	Telephone:
5.	Fax
6.	E-mail:
7.	Representative capacity (*):
	<input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Person authorised to sign for a legal person <input type="checkbox"/> Person with power of attorney
	<input type="checkbox"/> Other (please specify):

FORM V — ANNEX III

Information on the matrimonial property regime or other equivalent property regime of the deceased ⁽⁹⁾

1. Surname and given name(s) of (ex-) spouse or (ex-) partner (*):
-
2. Surname at birth of (ex-) spouse or (ex-) partner (if different from point (1):
-
-
3. Date and place of marriage or establishment of another relationship having comparable effects to marriage:
-
4. Had the deceased entered into a marriage contract with the person mentioned in point 1?
- 4.1. Yes
- 4.1.1. Date (dd/mm/yyyy) of contract:
- 4.2. No
5. Had the deceased entered into a contract on property effects in the context of a relationship deemed to have comparable effects to marriage with the person mentioned in point 1?
- 5.1. Yes
- 5.1.1. Date (dd/mm/yyyy) of contract:
- 5.2. No
6. The law applied to the property regime was the law of
- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta Netherlands
- Austria Poland Portugal Romania Slovenia Slovakia Finland Sweden
- Other (please specify ISO-code):
- 6.1. This law was determined on the basis of a choice of law (*)
- 6.1.1. Yes
- 6.1.2. No
- 6.2. In cases where the State whose law applied has more than one legal system, please specify (as the case may be, the territorial unit):

7. The applied property regime was as follows:

7.1. Separation of property

7.2. Universal community of property

7.3. Community of property

7.4. Community of accrued gains

7.5. Deferred community property

7.6. Other (please specify):

8. Please specify the property regime in the original language and the legal provisions referred to (¹⁰):

.....
.....
.....

9. The property relations based on the matrimonial property regime or other equivalent property regime of the deceased and the person referred to point 1 have been liquidated and the assets shared:

9.1. Yes

9.2. No

FORM V — ANNEX IV

Status and rights of the heir(s) ⁽¹⁾	
1.	Is the heir the applicant? (*)
1.1.	<input type="checkbox"/> Yes
1.1.1.	<input type="checkbox"/> Mentioned in section 5 of the certificate form (if relevant, please specify which applicant):
1.1.2.	<input type="checkbox"/> Mentioned in Annex I (if relevant, please specify which applicant):
1.2.	<input type="checkbox"/> No
1.2.1.	Surname and given name(s) or organisation name:
1.2.2.	Surname at birth (if different from point 1.2.1.):
1.2.3.	Identification number ⁽⁴⁾
1.2.3.1.	National identity number:
1.2.3.2.	Social security number:
1.2.3.3.	Tax number:
1.2.3.4.	Registration number:
1.2.3.5.	Other (please specify):
1.2.4.	Address
1.2.4.1.	Street and number/PO box:
1.2.4.2.	Place and postcode:
1.2.4.3.	Country <input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden <input type="checkbox"/> Other (please specify ISO-code):
1.2.5.	Telephone:
1.2.6.	Fax
1.2.7.	E-mail:
1.2.8.	Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:

2. The heir has accepted the succession

2.1. Yes without conditions

2.2. Yes under benefit of inventory (please specify effects):

.....

.....

2.3. Yes under other conditions (please specify effects):

.....

.....

2.4. No acceptance required under the law applicable to the succession

3. The heir is designated by ⁽¹²⁾ (*):

3.1. a disposition of property upon death

3.2. operation of law

4. The heir has waived the succession.

5. The heir has accepted a reserved share.

6. The heir has waived his or her right to a reserved share.

7. The heir has been disqualified from inheriting:

7.1. under a disposition of property upon death

7.2. by operation of law

7.3. by a court decision

8. The heir has the right to the following share of the estate (please specify):

.....

.....

9. Asset(s) attributed to the heir and for which certification was requested (please specify asset(s) and indicate all relevant identification details) ⁽¹³⁾:

.....

.....

.....

.....

.....

.....

10. Conditions and restrictions relating to the rights of the heir (indicate whether the rights of the heir are restricted under the law applicable to the succession and/or by the disposition of property upon death):

.....

.....

.....

.....

.....

.....

.....

11. Other relevant information or further explanations (please specify):

.....

.....

.....

.....

.....

FORM V — ANNEX V

Status and rights of legatee(s) having direct rights in the succession ⁽¹⁴⁾	
1.	Is the legatee the applicant? (*)
1.1.	<input type="checkbox"/> Yes
1.1.1.	<input type="checkbox"/> Mentioned in section 5 of the certificate form (if relevant, please specify which applicant):
1.1.2.	<input type="checkbox"/> Mentioned in Annex I (if relevant, please specify which applicant):
1.2.	<input type="checkbox"/> No
1.2.1.	Surname and given name(s) or organisation name:
1.2.2.	Surname at birth (if different from point 1.2.1.):
1.2.3.	Identification number ⁽⁴⁾ :
1.2.3.1.	National identity number:
1.2.3.2.	Social security number:
1.2.3.3.	Tax number:
1.2.3.4.	Registration number:
1.2.3.5.	Other (please specify):
1.2.4.	Address
1.2.4.1.	Street and number/PO box:
1.2.4.2.	Place and postcode:
1.2.4.3.	Country: <input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden <input type="checkbox"/> Other (please specify ISO-code):
1.2.5.	Telephone:
1.2.6.	Fax
1.2.7.	E-mail:
1.2.8.	Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:

- 2. The legatee has accepted the legacy.
 - 2.1. Yes without conditions
 - 2.2. Yes under conditions (please specify):
.....
.....
 - 2.3. No acceptance required under the law applicable to the succession
- 3. The legatee has waived the legacy.
- 4. The legatee has the right to the following share of the estate (please specify):
.....
.....
- 5. Asset(s) attributed to the legatee and for which certification was requested (please specify asset(s) and indicate all relevant identification details) ⁽¹⁵⁾:
.....
.....
.....
.....
.....
.....
- 6. Conditions and restrictions relating to the rights of the legatee (indicate whether the rights of the legatee are restricted under the law applicable to the succession and/or by the disposition of property upon death) (*):
.....
.....
.....
.....
.....
- 7. Other relevant information or further explanations (please specify):
.....
.....
.....
.....

FORM V — ANNEX VI

Powers to execute a will or to administer the estate ⁽¹⁶⁾

1. Powers of the following person (*):

1.1. The applicant

1.1.1. Mentioned in section 5 of the Certificate form (if relevant, please specify which applicant):

.....
.....

1.1.2. Mentioned in Annex I (if relevant, please specify which applicant):

.....
.....

1.2. The heir mentioned in Annex IV (if relevant, please specify which heir):

.....
.....

1.3. The legatee mentioned in Annex V (if relevant, please specify which legatee):

.....
.....

1.4. Other

1.4.1. Surname and given name(s) or organisation name:

.....

1.4.2. Surname at birth (if different from point 1.4.1.):

1.4.3. Identification number ⁽⁴⁾:

1.4.3.1. National identity number:

1.4.3.2. Social security number:

1.4.3.3. Tax number:

1.4.3.4. Registration number:

1.4.3.5. Other (please specify):

1.4.4. Address

1.4.4.1. Street and number/PO box:

.....
.....

1.4.4.2. Place and postcode:

1.4.4.3. Country:

- Belgium Bulgaria Czech Republic Germany Estonia Greece Spain France
- Croatia Italy Cyprus Latvia Lithuania Luxembourg Hungary Malta
- Netherlands Austria Poland Portugal Romania Slovenia Slovakia Finland
- Sweden

Other (please specify ISO-code):

- 1.4.5. Telephone:
- 1.4.6. Fax
- 1.4.7. E-mail:
- 1.4.8. Date (dd/mm/yyyy) and place of birth or, if organisation, date (dd/mm/yyyy), place of registration and designation of the register/registration authority:
2. Powers to (*)
- 2.1. execute a will
- 2.2. administer the estate or part of it
3. The powers to execute the will or administer the estate cover (*)
- 3.1. the whole of the estate
- 3.2. the whole of the estate except for the following parts or assets (please specify):
-
-
-
-
-
-
- 3.3. the following specific parts or assets of the estate (please specify):
-
-
-
-
-
-
-
4. The person mentioned in section 1 has the following powers (*) ⁽¹²⁾:
- 4.1. to obtain all information concerning the assets and debts of the estate
- 4.2. to take cognisance of all wills and other documents relating to the estate
- 4.3. to take or apply for any protective measures
- 4.4. to take any urgent measures
- 4.5. to collect the assets
- 4.6. to collect the debts and give a valid receipt
- 4.7. to perform and rescind contracts
- 4.8. to open, operate and close a bank account
- 4.9. to borrow
- 4.10. to transfer or constitute charges on the assets
- 4.11. to constitute rights *in rem* or mortgage on the assets
- 4.12. to sell: an immovable property other property
- 4.13. to lend
- 4.14. to carry on a business
- 4.15. to exercise the rights of a shareholder
- 4.16. to sue and be sued
- 4.17. to settle debts

- 4.18. to distribute legacies
- 4.19. to divide the estate
- 4.20. to distribute the residue
- 4.21. to request the recording of rights in immovable or movable property in a register
- 4.22. to donate
- 4.23. other (please specify):
-
-

If the ticking of one or more of the boxes above does not give an exact indication of the powers vested in the executor of the will/administrator of the estate, please add all necessary further specifications ⁽¹⁷⁾:

.....

.....

.....

.....

.....

.....

Please specify if any of the powers referred to in section 4 are exercised as residual powers in accordance with the second subparagraph of Article 29(2) or the first subparagraph of Article 29(3) of Regulation (EU) No 650/2012 (*):

.....

.....

.....

.....

5. The executor of the will/the administrator of the estate is designated by ⁽¹²⁾:

- 5.1. a disposition of property upon death (see point 7.2. of the Certificate form)
- 5.2. a court decision
- 5.3. an agreement between the heirs
- 5.4. the law

6. The powers derive from ⁽¹²⁾:

- 6.1. a disposition of property upon death (see point 7.2. of the Certificate form)
- 6.2. a court decision
- 6.3. an agreement between the heirs
- 6.4. the law

7. The obligations and duties derive from⁽¹²⁾:

7.1. a disposition of property upon death (see point 7.2. of the Certificate form)

7.2. a court decision

7.3. an agreement between the heirs

7.4. the law

8. Conditions or restrictions relating to the powers referred to in section 4⁽¹⁸⁾ (*):

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(*) Mandatory information.

(1) OJ L 201, 27.7.2012, p. 107.

(2) Please indicate such details as the last habitual residence of the deceased or a choice of court agreement.

(3) For legal persons, please complete and append Annex I.

If there is more than one applicant, please attach an additional sheet.

For representative, please complete and append Annex II.

(4) Please indicate the most relevant number if applicable.

(5) The concept of *de facto* partner includes legal institutions of cohabitation which exist in some Member States such as 'sambo' (Sweden) or 'avopuoliso' (Finland).

(6) If there is more than one disposition of property upon death, please attach an additional sheet.

(7) If more than one legal person applied, please attach an additional sheet.

(8) If more than one representative, please attach an additional sheet.

(9) If more than one relevant property regime, please attach an additional sheet.

(10) More information on national regimes on property effects of marriage and registered partnership can be found at the European E-Justice Portal (<https://e-justice.europa.eu>).

(11) If more than one heir, please attach an additional sheet.

(12) Please tick more than one tick box if relevant.

(13) Indicate if the heir acquired the ownership or other rights on the assets (in the latter case, please indicate the nature of these rights and the other persons having also rights on the assets). In case of a registered asset, please indicate the information required under the law of the Member State in which the register is kept so as to permit the identification of the asset (e.g. for immovable property exact address of the property, land register, land parcel or cadastral number, description of the property (if necessary append relevant documents)).

(14) If more than one legatee, please attach an additional sheet.

(15) Indicate if the legatee acquired the ownership or other rights on the assets (in the latter case, please indicate the nature of these rights and the other persons having also rights on the assets). In case of a registered asset, please indicate the information required under the law of the Member State in which the register is kept so as to permit the identification of the asset (e.g. for immovable property exact address of the property, land register, land parcel or cadastral number, description of the property (if necessary append relevant documents)).

(16) For more than one person, please attach an additional sheet.

(17) For instance, please specify whether one of the above-mentioned powers can be exercised by the executor/administrator in his/her own name.

(18) For instance, please specify whether one of the above-mentioned powers can be exercised by the executor/administrator in his/her own name.