



Application for a European order for payment

Form A

Article 7 (1) of Regulation (EC) No 1896/2006 of the European Parliament and of the Council creating a European order for payment procedure



Please ensure that you read the guidelines on the last page – they will help you to understand this form!

Please note in particular that this form must be completed in the language or one of the languages accepted by the court to be seised. The form is available in all official languages of the European Union; this may help you fill in the form in the required language.

1. Court			Case number (to be completed by the court)		██████████
Court Giudice di pace di Adrano' Office			Received by the court 12-01-2017		
Address Piazza Umberto, 32			<i>Received by the court</i> <i>The Registrar</i> <i>(G. Fallica)</i>		
Postal code	City	Country			
95031	Adrano (CT)	ITALY			

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	Surname, first name/Name of company or organisation			Identification code (if applicable)	
01	██████████			██████████	
Address		Postal code	City	Country	
Via ██████████		95031	Adrano (CT)	ITALIA	
Phone ***		Fax ***		e-Mail ***	
Occupation ***			Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
03	(Lawyer) STISSI LUIGI			STSLGU78E01G371N	
Address		Postal code	City	Country	
Corso Italia n. 85		95129	Catania (CT)	ITALIA	
Phone ***		Fax ***		e-Mail ***	
		095.518.39.35		luigistissi@tiscali.it	
Occupation ***			Other details ***		
Lawyer			Law society of: CATANIA, AV9344/2		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
02	TRANSAVIA AIRLINES C.V., to legal authorized representative			NL009451687B01	
Address		Postal code	City	Country	
Piet Guilonardweg 15, Schiphol Airport Postbus 7777 - 1118 ZM Schiphol Airport (NL) Netherlands		1117EE	Schiphol	Netherlands	
Phone ***		Fax ***		e-Mail ***	
Occupation ***			Other details ***		
Code	Surname, first name/Name of company or organisation			Identification code (if applicable)	
Address		Postal code	City	Country	
Phone ***		Fax ***		e-Mail ***	
Occupation ***			Other details ***		

* e.g. lawyer

** e.g. parent, guardian, managing director

*** optional