

## 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 (\*)

**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 <sup>(6)</sup>: .....

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 <sup>(10)</sup> (\*)

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 <sup>(6)</sup>
- 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 <sup>(11)</sup>
- 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



**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 <sup>(13)</sup>: .....
- .....
- Certificate of the register of wills
- Agreement as to succession <sup>(13)</sup>: .....
- .....
- Declaration relating to a choice of law <sup>(13)</sup>: .....
- .....
- Marriage contract or contract regarding a relationship which may have comparable effects to marriage <sup>(13)</sup>: .....
- .....
- 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

<b>Details concerning the applicant(s)</b> <b>(to be completed ONLY if the applicant(s) is(are) (a) legal person(s))<sup>(14)</sup></b>	
1.	<b>Organisation name (*):</b> ..... ..... .....
2.	<b>Registration of the organisation</b>
2.1.	<b>Registration number:</b> .....
2.2.	<b>Designation of the register/registration authority (*):</b> .....
2.3.	<b>Date (dd/mm/yyyy) and place of registration:</b> .....
3.	<b>Address of the organisation</b>
3.1.	<b>Street and number/PO box (*):</b> ..... ..... .....
3.2.	<b>Place and postcode (*):</b> .....
3.3.	<b>Country (*)</b> <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.	<b>Telephone (*):</b> .....
5.	<b>Fax</b> .....
6.	<b>E-mail:</b> .....
7.	<b>Surname and given name(s) of person authorised to sign for the organisation (*):</b> .....
8.	<b>Other relevant information (please specify):</b> ..... ..... ..... ..... .....

FORM IV — ANNEX III

<b>Details concerning the representative(s) of the applicant(s) <sup>(15)</sup></b> <b>(to be completed ONLY if the applicant(s) is(are) represented)</b>	
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 IV — ANNEX IV

**Details concerning the (ex-)spouse(s) or (ex-)partner(s) of the deceased <sup>(16)</sup>  
(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 <sup>(6)</sup>

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.	<b>Address</b>
1.2.8.1.	<b>Street and number/PO box (*):</b> .....
	.....
	.....
1.2.8.2.	<b>Place and postcode (*):</b> .....
1.2.8.3.	<b>Country (*)</b>
	<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.	<b>Telephone:</b> .....
1.2.10.	<b>E-mail:</b> .....
1.2.11.	<b>Relationship to the deceased at the time of death (*)</b>
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.	<b>Address of the couple at the time of marriage or registration of the partnership</b>
2.1.	<b>Street and number/PO box:</b> .....
	.....
	.....
2.2.	<b>Place and postcode:</b> .....
2.3.	<b>Country</b>
	<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.	<b>Address of the spouse or partner at the time of death of the deceased (if different from point 5.9. of the application form)</b>
3.1.	<b>Street and number/PO box:</b> .....
	.....
	.....
3.2.	<b>Place and postcode:</b> .....
3.3.	<b>Country</b>
	<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

<b>Details of possible beneficiaries</b> <b>(other than the applicant, the (ex-)spouse or (ex-)partner) <sup>(17)</sup></b>	
<b>1. Beneficiary A</b>	
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 <sup>(6)</sup>	
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 <sup>(6)</sup>

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.

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

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