

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 Succession¹)

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*

- Annex I — Details concerning the applicant(s) (MANDATORY if the applicant(s) is(are) (a) legal person(s))
- Annex II — Details concerning the representative of the applicant(s) (MANDATORY if the applicant(s) is(are) represented)
- 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)
- Annex IV — Status and rights of the heir(s) (MANDATORY if the purpose of the certificate is to certify those elements)
- 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)
- Annex VI — Powers to execute a will or to administer the estate (MANDATORY if the purpose of the certificate is to certify those elements)
- No Annex is included

¹ OJ L 201, 27.7.2012, p. 107.

1. Member State of the issuing authority *

- 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. 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:
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-

* Mandatory information.

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

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.....
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. M

5.3.2. F

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

5.5. Civil status*

5.5.1. Single

5.5.2. Married

5.5.3. Registered Partner

5.5.4. Divorced

5.5.5. Widowed

5.5.6. 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*:

-
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.

5.8.3. 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 number⁴

6.7.1. National identity number:

6.7.2. Social security number:

6.7.3. Tax number:

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).

6.7.4. 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:

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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 following⁶

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:

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

CERTIFIED COPY

This certified copy of the European Certificate of Succession has been issued to*:

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.....

(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*:

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FORM V — ANNEX I

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

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

- 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. Surname and given name(s) of person authorised to sign for the organisation*:

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8. Other relevant information (please specify):

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FORM V — ANNEX II

Details concerning the representative(s) of the applicant(s) ⁸

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

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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*:

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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):

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

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 V — ANNEX III

Information on the matrimonial property regime or other equivalent property regime of the deceased⁹

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

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

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:

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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) ¹¹

1. Is the heir the applicant?*

1.1. Yes

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. No

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

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

1.2.3. Identification number⁴

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

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.

1.2.4.1. Street and number/PO box:

1.2.4.2. Place and postcode:

1.2.4.3. 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):

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):

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

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

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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):

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

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FORM V — ANNEX V

Status and rights of legatee(s) having direct rights in the succession ¹⁴

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.

1. Is the legatee the applicant?*

1.1. Yes

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

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

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1.2. No

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

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

1.2.3. Identification number⁴:

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:

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1.2.4.2. Place and postcode:

1.2.4.3. 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):

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:

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2. The legatee has accepted the legacy.

2.1. Yes without conditions

2.2. Yes under conditions (please specify):

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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):

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5. Asset(s) attributed to the legatee and for which certification was requested (please specify asset(s) and indicate all relevant identification details) ¹⁵:

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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)*:

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

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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)).

FORM V — ANNEX VI

Powers to execute a will or to administer the estate¹⁶

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):

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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 number⁴:

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:

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

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):

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.....
.....

3.3. the following specific parts or assets of the estate (please specify):

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.....

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):

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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:

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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*:

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5. The executor of the will/the administrator of the estate is designated by¹²:
- 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 from¹²:
- 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 from¹²:
- 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*}:

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.