Application for Establishment of a Decision

(including where necessary the establishment of parentage)

 $(\square \text{ Article } 10(1) \ c) \ \square \text{ Article } 10(1) \ d))$

CONFIDENTIALITY AND PERSONAL DATA PROTECTION NOTICE

Personal data gathered or transmitted under the Convention shall be used only for the purposes for which it was gathered or transmitted. Any authority processing such information shall ensure its confidentiality, in accordance with the law of its State.

An authority shall not disclose or confirm information gathered or transmitted in application of this Convention if it determines that to do so could jeopardise the health, safety or liberty of a person in accordance with Article 40. A determination of non-disclosure has been made by a Central Authority in accordance with Article 40. If this box is ticked, information under sections 2 d, e, f and g and 5 should only be provided in the Restricted Information on the Applicant page of this form. 1. Requesting Central Authority file reference number: 2. Particulars of the applicant Family name(s): a. b. Given name(s): Date of birth: (dd/mm/yyyy) c. d. Address: **Telephone numbers:** e. f. Fax number: E-mail: g. **3.** Particulars of the person(s) for whom maintenance is sought or payable 3.1 Maintenance is sought or payable for the applicant named above Parentage is established or presumed **Maintenance basis:** □ parentage ☐ *in loco parentis* or equivalent relationship □ marriage ☐ analogous relationship to marriage ☐ affinity (please identify): _ ☐ grandparent □ sibling ☐ grandchild □ other: _____

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3.2		Maintenance is sought or payable for the following child(ren)				
	a. Family name(s):					
		Given name(s):				
		Date of birth:	(dd/mm/yyyy)			
		☐ Parentage is established or presumed				
		Maintenance basis:				
		☐ parentage ☐ in loco parentis or equivalent relations!	nip			
	b.	Family name(s):				
		Given name(s):				
		Date of birth:	(dd/mm/yyyy)			
		☐ Parentage is established or presumed				
		Maintenance basis:				
		☐ parentage ☐ in loco parentis or equivalent relations	nip			
	c.	Family name(s):	<u></u>			
		Given name(s):				
		Date of birth:	(dd/mm/yyyy)			
		☐ Parentage is established or presumed				
		Maintenance basis:				
		\Box parentage \Box in loco parentis or equivalent relations	nip			
3.3		Maintenance is sought or payable for the following person				
		Family name(s):	<u></u>			
		Given name(s):				
		Date of birth:	(dd/mm/yyyy)			
		Maintenance basis:				
		☐ marriage ☐ analogous relationship to marriage ☐ affinity (please identify):				
		☐ grandparent ☐ sibling ☐ grandchild ☐ other:				
3.4		Maintenance is sought or payable for additional children or particulars are attached	persons, additional			
4.	Partic	ulars (if known) of the debtor (respondent)				
	a.	Family name(s):				
	b.	Given name(s):				
	c.	Date of birth:	(dd/mm/yyyy)			
	d.	Personal identification number: (include name of country or territorial unit that issued the num	nber)			
	e.	Residential address:				
	f.	Postal address:				

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	g.	Any other information that may assist with the location of the debtor			
5.	Paym	ents			
	a.	Details for electronic transfer of payments (if applicable)			
		Name of the bank:			
		NBIC: 1			
		SWIFT-address:			
		IBAN: ²			
		Account number:			
		Name of account holder:			
		Reference: ³			
	b.	Details for payments by cheques (if applicable)			
		Cheque payable to:			
		Cheque to be sent to:			
		(address)			
		Reference: ³			
6.	This a a. b.	application is for the establishment of a decision in the requested State where: there is no existing decision (Article $10(1) c$)) recognition and enforcement of a decision is not possible or is refused because of the lack of a basis for recognition and enforcement under Article 20 or on the grounds specified in Article 22 b) or e) (Article $10(1) d$)			
7.	Suppo	ort / maintenance sought by the applicant ⁴ (specify currency ⁵ for each amount)			
		Support / maintenance Please specify the amount: Frequency of payments week two weeks month 3 months 6 months			
		□ year □ other (specify):			
		Please specify the amount: Frequency of payments ☐ week ☐ two weeks ☐ month ☐ 3 months ☐ 6 months ☐ year ☐ single payment ☐ other (specify):			

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National Bank Identification Code.

International Bank Account Number.

Where needed to affect payment.

Complete this section only if required by the requested State.

Currency should be specified using the ISO code.

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		Other paymer Please specify	nts, arrangemen :		s 	
		Frequency of □ week	the amount:	□ month	□ 3 months	☐ 6 months
8.	The following document(s) are attached in support of this application: Birth certificate or equivalent					
9.		Please initiate	enforcement m	easures once th	ne decision is est	ablished
10.	Other information:					
11.	Attesta	ations				
	This application was completed by the applicant and reviewed by the requesting Central Authority					
	This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant.					
Name: Author		presentative of	(the Central Aut	(in block letters	s) Date:	(dd/mm/yyyy)

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Restricted Information on the Applicant

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N.B. The requesting Central Authority has determined that information under sections 2 d, e, f and g and 5 on this page shall not be disclosed or confirmed for the protection of the health, safety or liberty of a person. Such a determination shall according to Article 40(2) be taken into account by the requested Central Authority.

1.	Requ	esting Central Authority file r	reference number:	 				
2.	Particulars of the applicant a. Family name(s):							
	a. b.	Given name(s):						
	о. С.	` /			(dd/mm/yyyyy)			
	d.	Address:			(dd/IIIII/yyyy)			
	u.							
	e.	Telephone numbers:						
	f.	Fax number:						
	g.	E-mail:						
5.	Payments							
	a. b.	Details for electronic transf Name of the bank: NBIC: SWIFT-address: IBAN: Account number: Name of account holder: Reference: Details for payments by che Cheque payable to: Cheque to be sent to: (address)						
	This application was completed by the applicant and reviewed by the requesting Central Authority							
	This application complies with the requirement of the Convention (Article 12(2)). The information contained in this application and the attached documents correspond to and are in conformity with the information and documents provided by the applicant to the requesting Central Authority. The application is forwarded by the Central Authority on behalf of and with the consent of the applicant							
Name	:		_ (in block letters)	Date:				
Autho	rised 1	representative of the Central A	uthority		(dd/mm/yyyy)			

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