

Application for payment time

Applicant's name	ID Code
<input type="text"/>	<input type="text"/>
Street address	
<input type="text"/>	
Postal code and post office	
<input type="text"/>	
Telephone	
<input type="text"/>	

Claims awarded to the state, for which payment time is requested

Matter	Reference number	Euros
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Grounds for requesting payment time

<input type="checkbox"/> Illness	<input type="text"/>
<input type="checkbox"/> Unemployment	<input type="text"/>
<input type="checkbox"/> Military	<input type="text"/>
<input type="checkbox"/> Other reason, what	<input type="text"/>
Additional information	
<input type="text"/>	

Payment plan

<input type="checkbox"/> payable in full by	<input type="text"/>
<input type="checkbox"/> payable in instalments	<input type="text"/> euros per month

Date
<input type="text"/>

Appendages

<input type="text"/>

You can e-mail the completed form, or print it out and send by regular mail. The Open in E-mail button opens the default email application on your device and attaches the form as an email attachment.