

REQUEST FOR ARBITRATION

The named parties hereby submit the following dispute for arbitration, under the following rules:

Rules Selected: CIICA Arbitration Rules
 Other (please specify) _____

Nature of Dispute (attach additional sheets if necessary): _____

Amount of Monetary Claim or Nature of Non-Monetary Claim: _____

Type of Business: Claimant _____ **Respondent** _____

Place of Hearing: _____

We agree that we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.

Name of Party	

Address	

City, State/Province, Country, Post Code	

Telephone	Facsimile
_____	_____
Name of Party's Attorney or Representative	

Name of Firm (if applicable)	

Address	

City, State/Province, Country, Post Code	

Telephone	Facsimile
_____	_____
Signed † (may be signed by a representative)	

Title	Date
_____	_____

Name of Party	

Address	

City, State/Province, Country, Post Code	

Telephone	Facsimile
_____	_____
Name of Party's Attorney or Representative	

Name of Firm (if applicable)	

Address	

City, State/Province, Country, Post Code	

Telephone	Facsimile
_____	_____
Signed † (may be signed by a representative)	

Title	Date
_____	_____

† Signatures of all parties are required.

Please file two signed copies and the non-refundable filing fee with the CIICA Secretariat, 3rd Floor, RA Tower, 7A Turner Rd. Lahore, Pakistan; Email: secretariat@ciica.org

For additional information, please contact us at +92 42 37112468 or visit our website at www.ciica.org.