



REQUEST OF ARBITRATION - C.M.C.A.O.

PART 1. CLAIMANT'S INFORMATION

Surname:

Name(s):

Company name:

**Company
Registration
number :**

or equivalent.

Address(es):

Phone(s):

Email(s):

Profession:

Claimant acts

- As a representative of the juridical entity.
 As an individual.

PART 2. CLAIMANT REPRESENTATIVE'S INFORMATION

Surname:

Name(s):

Address(es):

Phone(s)

Email(s):

Profession:

PART 3. INFORMATION ON ARBITRATION PROCEDURE

- Type of arbitration:**
- Ordinary Procedure
 - Simplified procedure
 - Arbitration-expertise
 - Mediation-Arbitration

- Applying:**
- an arbitration clause (*to attach*).
 - an arbitration agreement (*to attach*).

Respondent(s): Name(s) and other contact details:

Brief description and summary of the nature and circumstances of the dispute giving rise to the claims:

Arbitrator(s)'s name(s) and other contact details:

PART 4. DOCUMENT SLIP JOINT TO THE REQUEST

A party requesting arbitration shall agree to submit to CMCAO's Arbitration Rules and its Ethics Code in effect on the date of their request.

Upon payment of the filing fees, CMCAO's Secretariat shall transmit a copy of the Request and the documents annexed to the respondent for its Answer to the Request.

Done in:

on:

Party(ies) Signature(s):