

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

Rules Selected:

TCC Conciliation 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 TCC Secretariat, 7A Commercial Area XX Block, Phase III DHA Lahore, Pakistan; Email: info@tccadr.org

For additional information, please contact us at +92 +92 325 2242727 or visit our website at www.tccadr.org