

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

**Rules Selected:**

TCC Neutral Evaluation 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](mailto:info@tccadr.org)

For additional information, please contact us at +92 +92 325 2242727 or visit our website at [www.tccadr.org](http://www.tccadr.org)