



THE BANGALORE INTERNATIONAL MEDIATION, ARBITRATION & CONCILIATION CENTRE

REQUEST FOR ARBITRATION

1.	Name of the Claimant (in capital letters)	..... .....
2.	Status (✓ the appropriate box)	<input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Partnership firm <input type="checkbox"/> LLP <input type="checkbox"/> Trust <input type="checkbox"/> Others
3.	Represented by (✓ the appropriate box)	<input type="checkbox"/> Self <input type="checkbox"/> Authorised Representative <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Others
4.	Permanent Address	..... .....PIN/ZIP..... City.....State.....Country.....
5.	Address for communication (Claimant/ Representative) [If different from (4.)]	..... .....PIN/ZIP..... City.....State.....Country.....
6.	Telephone (Provide Intl. and Local codes)	Office..... Residence.....
7.	Facsimile (Provide Intl. and Local codes)	Office..... Residence.....
9.	Email	.....
10.	Name of the counsel (if engaged)	..... .....
11.	Address of the counsel (if engaged)	..... .....PIN/ZIP..... City.....State.....Country.....
12.	Telephone of the counsel (Provide Intl. and Local codes)	Office..... Residence.....
13.	Facsimile of the counsel (Provide Intl. and Local codes)	Office..... Residence.....
14.	Email of the counsel

Signature of the Claimant.....



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PARTICULARS OF RESPONDENT No(Use copies for additional Respondents)

1.	Name of the Respondent (in capital letters)
2.	Status (✓ the appropriate box)	<input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Partnership firm <input type="checkbox"/> LLP <input type="checkbox"/> Trust <input type="checkbox"/> Others
3.	Represented by (✓ the appropriate box)	<input type="checkbox"/> Self <input type="checkbox"/> Authorised Representative <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Others
4.	Permanent Address	..... .....PIN/ZIP..... City.....State.....Country.....
5.	Address for communication (Respondent/ Representative) [If different from (4.)]	..... .....PIN/ZIP..... City.....State.....Country.....
6.	Telephone (Provide Intl. and Local codes)	Office..... Residence.....
7.	Facsimile (Provide Intl. and Local codes)	Office..... Residence.....
9.	Email	.....
10.	Name of the counsel (if known)	..... .....
11.	Address of the counsel (if known)	..... .....PIN/ZIP..... City.....State.....Country.....
12.	Telephone of the counsel (Provide Intl. and Local codes)	Office..... Residence.....
13.	Facsimile of the counsel (Provide Intl. and Local codes)	Office..... Residence.....
14.	Email of the counsel

Signature of the Claimant.....



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Nature of Dispute (Please ✓ the appropriate box)

- Money Claim Commercial Dispute Construction Contracts Intellectual Property
- Corporate/ Private Equity/ Venture Capital Banking Real estate Technology
- Others

Nature of Claim:

Monetary Value (in figures)

Monetary Value (in words)

Other relief sought (if any).....

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Date of Arbitration Agreement

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Order of preference of Arbitrators from BIMACC Panel of Arbitrators

(leave blank if not applicable)

1.....

2.....

3.....

Signature of the Claimant.....