

## Application Form

<b>First Party (Claimant)</b>	Your name  Your Address   Your Telephone Number  Your email Address		
<b>Second Party (Defendant)</b>	Name  Address   Telephone Number (if known)		
<b>Date claim arose</b>	Please give the date the claim arose or the period of time in which it arose		
<b>Details of your claim</b>	Please provide the details of your claim. This information will not be used as evidence but will be presented to the other side for their response. (Use continuation sheet if required)		
<b>The Agreement</b>	Please provide details of the arbitration agreement and enclose the contract document.  <b>If there is <i>not</i> yet an agreement, please tick the box <input type="checkbox"/></b>		
<b>Relief sought</b>	Please give details of the amount in GBP, property details or other order which you seek		
<b>Specific requirements</b>	Please insert any specific requirements for the proceedings		
<b>Payment of Fees</b>	Please tick the box to indicate how you will be paying the fee	<input type="checkbox"/> <b>In full</b>	<input type="checkbox"/> <b>Half</b>
<b>Signed</b>	<b>Dated</b>		

Continuation  
Sheet  
(If required)

Please use this sheet to continue details of your claim if required. The sheet can be photocopied if more than one continuation sheet is required

Signed

Dated