

Global Arbitration and Mediation Service
NOTICE OF REQUEST FOR ARBITRATION

To Respondents: demand. for arbitration of the specified dispute between you is hereby made by the below named Claimant (s) . Claimant (s) further demand that said arbitration be administered by Global Arbitration and Mediation Service (“GAMS”) according to its arbitration rules effective on the date of filing this demand. FAILURE TO RESPOND TO THIS DEMAND MAY RESULT IN AN AWARD BEING RENDERED AGAINST YOU AND CONFIRMATION OF THAT AWARD AS A LEGAL JUDGMENT AGAINST YOU BY A COURT OF COMPETENT JURISDICTION.

CLAIMANT INFORMATION

[Please type or print legibly]

NAME: _____ COMPANY _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

I Wish to represent myself

I will have a representative

CLAIMANT’S REPRESENTATIVE

NAME: _____ COMPANY _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

Additional Claimant Information Attached

RESPONDENTS INFORMATION

NAME: _____ COMPANY _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

RESPONDENTS INFORMATION

NAME: _____ COMPANY _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

NATURE OF CLAIM (attach copies of the arbitration agreement to this notice):

RELIEF REQUESTED (Specify the amount in controversy and all claims for relief): _____

LOCATION REQUESTED FOR HEARING: _____

Any objection to this arbitration or to the administration of the arbitration of the dispute described herein by GAMS must be filed with GAMS within 7 days or is deemed waived. By signing this I agree to submit the above specified dispute to binding arbitration administered by GAMS and agree to comply with all GAMS Arbitration Rules, policies and rulings. Persons signing this document on behalf of an entity warrant their authority to bind that entity.

DATE: _____

SIGNED (CLAIMANT) _____

TITLE: _____

COMPANY: _____

At _____.

(City and State where signed)

ADDITIONAL CLAIMANT INFORMATION

NAME: _____ COMPANY _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

I wish to represent myself I will have an representative

CLAIMANT'S REPRESENTATIVE

NAME: _____ COMPANY _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

This form should be reproduced to name additional claimants.

ADDITIONAL RESPONDENTS INFORMATION

NAME: _____ COMPANY _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

NAME: _____ COMPANY _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

This form should be reproduced to name additional respondents.

INSTRUCTIONS FOR USE

1. Fill out this form by typing or printing clearly in ink.
2. Attach copies of the contract between the parties which contains the arbitration clause or Post Dispute Arbitration Agreement.
3. File the original Notice of Request for Arbitration and attachments along with the appropriate filing fee with GAMS.
4. The assigned Case Administrator will contact you to begin the arbitration process.