

Contact No.:

Email Address:

## **CONSTRUCTION INDUSTRY ARBITRATION COMMISSION**

2/F Executive Building Center, 369 Gil J. Puyat Ave. cor. Makati Ave., Makati City Telefax Nos. 897-0853/897-9313; Email: ciac\_ciap@yahoo.com



## **REQUEST FOR ARBITRATION**

	Filed at: [ ] CIAC Office
	[ ] CIAP Window:
	[ ] DTI Regional Office:
I. The Parties	Type of Contract: [ ] Government
CLAIMANT	[ ] Private
accomplish back portion if there is more than a	one ciaimant
NAME OF COMPANY :	
BUSINESS ADDRESS :	
TELEPHONE NUMBER :	_
DECDONDENT	
RESPONDENT  accomplish back portion if there is more than or	ne respondent
NAME OF COLUMNY	•
ALITHODIZED DEDDECENTATIVE	
AUTHORIZED REPRESENTATIVE :	
TELEBULANE AND ADED	
TELEPHONE NUMBER :	
II. Mode of Arbitration: [] Sole Arbitrator [] Arbitral Tribunal	I
·—·	
III. Choice of Arbitrators: Maximum of Six [6] Nominees (By Order of Pre	eterence)
1 4	
2 5	
3 6	_
IV. Agreement to Arbitrate	
Is there an arbitration clause in the contract? [] Y [] N. If none, please a	accomplish the AGREEMENT TO ARRITRATE
(CIAC-F-SVD-002).	accomplish the AGREEMENT TO ARBITRATE
In case of government contract, have all administrative remedies been exha	usted? [ ] Y [ ] N.
V. Sum in Dispute:	
<del></del>	()
VI. Documents Required: Please submit the following in: 5 copies if Tribuna	al / <b>3 copies</b> if Sole Arbitrator
[ ] Complaint/Narration of Facts	
[ ] Construction contract	
[ ] Agreement to arbitrate (if no arbitration clause/subsequent agre	eement)
[ ] Documents establishing the circumstances of the case	·
[ ] Communications made with the highest authority for exhaustion	n of administrative remedies (in case of
government contract).	
	FOR CIAC USE ONLY
Signature over Printed Name of Authorized Penrocontativo	FUR CIAC USE ONLY
Signature over Printed Name of Authorized Representative	
	Date Filed:
Position:	Date Filed:
Signature over Printed Name of Authorized Representative  Position:  Business Address:	Date Filed:

Remarks:



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## **REQUEST FOR ARBITRATION**

CIAC-F-SVD-001 || Rev. 1 || 14/12/2018

	CLAIMANT
асс	omplish this portion if there is more than one claimant
NAME OF COMPANY	: <u> </u>
AUTHORIZED REPRESENTATIVE	:
BUSINESS ADDRESS	: <u></u>
TELEPHONE NUMBER	:
асс	CLAIMANT omplish this portion if there is more than one claimant
NAME OF COMPANY	: <u> </u>
AUTHORIZED REPRESENTATIVE	:
BUSINESS ADDRESS	: <u> </u>
TELEPHONE NUMBER	:
	RESPONDENT
ассо	mplish this portion if there is more than one respondent
NAME OF COMPANY	:
AUTHORIZED REPRESENTATIVE	:
BUSINESS ADDRESS	:
TELEPHONE NUMBER	:
****	RESPONDENT
ассо	mplish this portion if there is more than one respondent
NAME OF COMPANY	:
AUTHORIZED REPRESENTATIVE	:
BUSINESS ADDRESS	:
TELEPHONE NUMBER	:
9000	RESPONDENT mplish this portion if there is more than one respondent
	mpiish this portion ij there is more than one respondent
NAME OF COMPANY	÷
AUTHORIZED REPRESENTATIVE	÷
BUSINESS ADDRESS	:
TELEPHONE NUMBER	:
	DECDONDENT
acco	RESPONDENT mplish this portion if there is more than one respondent
NAME OF COMPANY	÷
AUTHORIZED REPRESENTATIVE	÷
BUSINESS ADDRESS	<u>.                                    </u>
TELEPHONE NUMBER	: