



## REQUEST FOR ARBITRATION

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

**I. The Parties**

Filed at: <input type="checkbox"/> CIAC Office <input type="checkbox"/> CIAP Window: _____ <input type="checkbox"/> DTI Regional Office: _____ Type of Contract: <input type="checkbox"/> Government <input type="checkbox"/> Private
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**CLAIMANT**

*accomplish back portion if there is more than one claimant*

NAME OF COMPANY : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

**RESPONDENT**

*accomplish back portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

**II. Mode of Arbitration:**  Sole Arbitrator  Arbitral Tribunal

**III. Choice of Arbitrators:** Maximum of Six [6] Nominees (**By Order of Preference**)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**IV. Agreement to Arbitrate**

Is there an arbitration clause in the contract?  Y  N. If none, please accomplish the AGREEMENT TO ARBITRATE (CIAC-F-SVD-002).

In case of government contract, have all administrative remedies been exhausted?  Y  N.

**V. Sum in Dispute:** \_\_\_\_\_  
 \_\_\_\_\_ ( \_\_\_\_\_ )

**VI. Documents Required:** Please submit the following in: **5 copies** if Tribunal / **3 copies** if Sole Arbitrator

- Complaint/Narration of Facts
- Construction contract
- Agreement to arbitrate (if no arbitration clause/subsequent agreement)
- Documents establishing the circumstances of the case
- Communications made with the highest authority for exhaustion of administrative remedies (in case of government contract).

\_\_\_\_\_  
 Signature over Printed Name of Authorized Representative

Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>FOR CIAC USE ONLY</b>	
Date Filed:	_____
Case No.:	_____
Deposit Paid:	_____
O.R. No.:	_____
Date Issued:	_____
Remarks:	_____



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### CLAIMANT

*accomplish this portion if there is more than one claimant*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

### CLAIMANT

*accomplish this portion if there is more than one claimant*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

### RESPONDENT

*accomplish this portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

### RESPONDENT

*accomplish this portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

### RESPONDENT

*accomplish this portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_

### RESPONDENT

*accomplish this portion if there is more than one respondent*

NAME OF COMPANY : \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE : \_\_\_\_\_  
 BUSINESS ADDRESS : \_\_\_\_\_  
 TELEPHONE NUMBER : \_\_\_\_\_