



**BANGALORE INTERNATIONAL MEDIATION, ARBITRATION  
AND CONCILIATION CENTRE**

**REQUEST FOR ARBITRATION**

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

Signature of the Claimant.....



**BANGALORE INTERNATIONAL MEDIATION, ARBITRATION  
AND CONCILIATION CENTRE**

**PARTICULARS OF RESPONDENT No. ....(Use copies for additional Respondents)**

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

Signature of the Claimant.....



**BANGALORE INTERNATIONAL MEDIATION, ARBITRATION  
AND CONCILIATION CENTRE**

**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) .....

.....

**Date of Arbitration Agreement**

.....

**Order of preference of Arbitrators from BIMACC Panel of Arbitrators**

*(leave blank if not applicable)*

1 .....

2 .....

3 .....

Signature of the Claimant.....