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| **Specification of the Parties** | **Identification** | | **position** | **contact information** |
| **Claimant** | Name:  National ID: |  | Address:  Phone:  Email: |
| **respondent** | Name:  National ID: |  | Address:  Phone:  Email: |
| **Attorney or legal representative** | | Name:  National ID: |  | Address:  Phone:  Email: |
| **Relief sought** | | Statement of relief:  Amount of claim: | | |
| **Reasons and documents** | | Documents: | | |
| Chairman of the Arbitration Center of Tehran Chamber of Commerce  Respectfully, the request for arbitration is hereby submitted.    signature  date  🞏 agreed to send/recieve the service of all communication by Electronic mail ………………………………………. . | | | | |
| **This section shall be completed by the TCAC** | | | | |
| Date of request: | | Ms./Mr.……………………………, please control and take appropriate measures.  Head of TCAC | | |
| File number: | |
| 🞏Power of attorney or letter of representation 🞏Copy of the latest official gazette of the company  🞏Determine and apprize the relief promptly 🞏claimant authentication  🞏full specification of the parties along with their exact address/phone no. 🞏Company statute  🞏additional copies of the request and related documents  **Name and signature** | | | | |
| **Note: Failure to complete the above information, shall prevent the commencement of the procedure.** | | | | |