



## Tehran Chamber of Commerce Arbitration Center (TCAC) Request for Arbitration

Specification of the Parties	Identification		position	contact information								
	<b>Claimant</b>	Name:			Address:							
		National ID:			Phone:	Email:						
<b>respondent</b>	Name:			Address:								
	National ID:			Phone:	Email:							
<b>Attorney or legal representative</b>		Name:		Address:								
		National ID:		Phone:								
				Email:								
<b>Relief sought</b>		Statement of relief:										
		Amount of claim:										
<b>Reasons and documents</b>		Documents:										
<p>Chairman of the Arbitration Center of Tehran Chamber of Commerce Respectfully, the request for arbitration is hereby submitted.</p> <p style="text-align: right;">signature date</p> <p><input type="checkbox"/> agreed to send/recieve the service of all communication by Electronic mail .....</p>												
<b>This section shall be completed by the TCAC</b>												
Date of request:		Ms./Mr....., please control and take appropriate measures. Head of TCAC										
File number:												
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Power of attorney or letter of representation</td> <td style="width: 50%;"><input type="checkbox"/> Copy of the latest official gazette of the company</td> </tr> <tr> <td><input type="checkbox"/> Determine and apprize the relief promptly</td> <td><input type="checkbox"/> claimant authentication</td> </tr> <tr> <td><input type="checkbox"/> full specification of the parties along with their exact address/phone no.</td> <td><input type="checkbox"/> Company statute</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> additional copies of the request and related documents</td> </tr> </table> <p style="text-align: center;"><b>Name and signature</b></p>					<input type="checkbox"/> Power of attorney or letter of representation	<input type="checkbox"/> Copy of the latest official gazette of the company	<input type="checkbox"/> Determine and apprize the relief promptly	<input type="checkbox"/> claimant authentication	<input type="checkbox"/> full specification of the parties along with their exact address/phone no.	<input type="checkbox"/> Company statute	<input type="checkbox"/> additional copies of the request and related documents	
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<b>Note: Failure to complete the above information, shall prevent the commencement of the procedure.</b>												