



Claim Form (arbitration)

In the

for court use only

Claim No.

Issue date

In an arbitration claim between

Claimant

SEAL

Defendant(s)

In the matter of an [intended] arbitration between

Claimant

Respondent(s)

Set out the names and addresses of persons to be served with the claim form stating their role in the arbitration and whether they are defendants.

Defendant's
name and
address

☐ This claim will be heard on:

at am/pm

☐ This claim is made without notice.

The court office at

When corresponding with the court, please address forms or letters to the Court Manager and quote the case number.

Claim No.	
-----------	--

Remedy claimed and grounds on which claim is made

Claim No.

The claimant seeks an order for costs against

Statement of Truth

*(I believe)(The Claimant believes) that the facts stated in these particulars of claim are true.

* I am duly authorised by the claimant to sign this statement

Full name _____

Name of claimant's solicitor's firm _____

signed _____ position or office held _____

*(Claimant)(Claimant's solicitor)

(if signing on behalf of firm or company)

**delete as appropriate*

Claimant's or claimant's solicitor's address to which documents should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.