



Dispute Resolving Application Form

Particulars of the Party, who is Lodging the Claim (First Party) ==

Company Name	Address
Represented by- <input type="checkbox"/> Supplier <input type="checkbox"/> Buyer	Fax No
Telephone No	Email Address
Mobile No	Web Address

Particulars of the Party, Against whom the Claim is, Lodged (Second Party) ==

Company Name	Address
Represented by- <input type="checkbox"/> Supplier <input type="checkbox"/> Buyer	Fax No
Telephone No	Email Address
Mobile No	Web Address

Nature of Claim ==

- | | |
|---|---|
| <input type="checkbox"/> Non-Performance of Shipments by Supplier | <input type="checkbox"/> Non-Lifting of Shipments by the Buyer |
| <input type="checkbox"/> Wrong quality material shipment by the Supplier contradicting to contract terms. | <input type="checkbox"/> Non-Payment of Documents on time leading to diversions/detention/demurrage, etc. |

Value of Claim ==

US\$	Explain the nature of Claim
Basis of valuation	

Documents attached in Support of the Claim ==

- | | | | |
|---------------------------------|------------------------------|--------------------------------------|------------------------------|
| Contract copy | <input type="checkbox"/> Yes | Invoice copy | <input type="checkbox"/> Yes |
| Contract Confirmation copy | <input type="checkbox"/> Yes | Packing List copy | <input type="checkbox"/> Yes |
| Bill of Lading copy | <input type="checkbox"/> Yes | Any other communications / documents | <input type="checkbox"/> Yes |
| All email communications copies | <input type="checkbox"/> Yes | | |

I/We hereby irrevocably appoint the Dispute Resolving Committee to finalize the matter on my/our behalf and I/We do hereby agree That, the decision of the Dispute Resolving Committee shall be final and acceptable to me/us.

Submitting herewith the non-refundable fee of USD 1000/- in the form of TT/Cash/ Bankers Draft/Local Cheque.

Authorised Signatory