

ADR CHAMBERS

Notice of Arbitration

Please complete this form after reviewing Rule 3.1 of the ADR Chambers Arbitration Rules.

Return the completed form with the non-refundable filing fee of \$800 + HST to:

ADR Chambers
2001 Sheppard Avenue East, Suite 200
North York, Ontario M2J 4Z8

Claimant

- and -

Respondent

Date

Claimant's Representative or Claimant
(name, address, phone, fax, and email)

TO: Respondent's Representative or Respondent
(name, address, phone, fax, and email)

AND TO: ADR Chambers
2001 Sheppard Avenue East, Suite 200
North York, Ontario M2J 4Z8

NOTICE OF ARBITRATION

TO THE RESPONDENT:

The Claimant hereby gives notice to the Respondent of its intention to commence arbitration proceedings pursuant to the following arbitration clause or agreement or contract:

NATURE OF THE DISPUTE AND MATERIAL FACTS BEING RELIED ON:

ISSUES:

ISSUES CONT'D:

**BASIS UPON WHICH ADR CHAMBERS HAS JURISDICTION TO DETERMINE
DISPUTE:**

RELIEF CLAIMED:

**PROPOSALS AS TO NUMBER OF ARBITRATORS, MEANS OF CONSTITUTING
ARBITRAL TRIBUNAL, PLACE OF ARBITRATION, AND LANGUAGE OF
ARBITRATION:**