Chamber of Mediation, Conciliation, and Arbitration of Occitanie Head Office: 2 Rue Alsace Lorraine, 31000 Toulouse Secretariat: 10 Boulevard d'Arcole, 31000 Toulouse



05.61.62.88.12 cmcao@cmcao.fr N° SIREN: 849 954 649 arbitragetoulouse.com

## **REQUEST OF EMERGENCY ARBITRATOR - C.M.C.A.O.**

## **PART 1. APPLICANT'S INFORMATION**

Surname:	
Name(s):	
Company name:	
Company Registration number: or equivalent.	
Address(es):	
Phone(s):	
Email(s):	
Profession:	
Applicant acts:	As a representative of the juridical entity.  As an individual.
PART 2. APPLICAN	IT REPRESENTATIVE'S INFORMATION
Surname:	
Name(s):	
Address(es):	
Phone(s)	
Email(s):	
Profession:	

## **PART 3. INFORMATION ON EMERGENCY PROCEDURE**

Applying:	an arbitration clause (to attach). an arbitration agreement (to attach).
Respondent	(s): Name(s) and other contact details:
Brief summa	ary of facts giving rise to the emergency request:
Direct Summe	ary or racts giving rise to the emergency requesti

Reasons why the applicant requests emergency measures:					
PART 4. DOCUMENT SLIP JOINT TO THE REQUEST					
The party requesting an Emergency Arbitration shall agree to submit to CMCAO's Arbitration Rules and its Ethics Code in effect on the date of their request.					

Done in:		on:	
Party(ie	es) Signature(s):		