



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. APPLICANT 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:



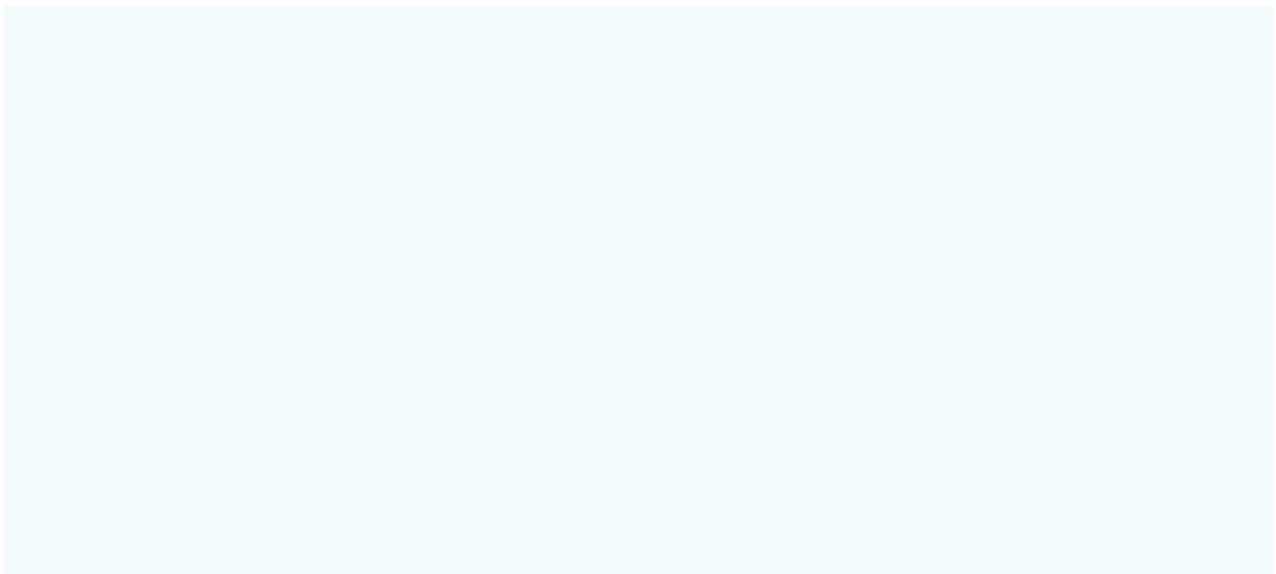
Brief summary of facts giving rise to the emergency request:



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(ies) Signature(s):