

05,61,62,88,12 cmcao@cmcao.fr N° SIREN : 849 954 649 arbitragetoulouse.com

# **REQUEST OF CONCILIATION - C.M.C.A.O.**

### PART 1. INFORMATION ON THE CLAIMANT

Surname:		
Name(s):		
Address(es):		
Phone(s):		
Email(s):		
Representative(s):		

#### PART 2. INFORMATION ON THE OTHER PARTY

Surname:		
Name(s):		
Address(es):		
Phone(s):		
Email(s):		
Representative(s):		

## PART 3. INFORMATION ON THE DISPUTE

Description of the dispute and its estimated value:

#### PART 4. ARBITRATION

The party filing the Request shall indicate if, in case of failure of conciliation, parties will resort to arbitration.

In this case, if conciliation fails, the Request shall become an arbitration Request.

For the Request to be registered, it shall be accompanied by the payment of the administrative fees, the amount of which is indicated in the Appendix to the Conciliation Rules.

	Done in:	on:	
Signature(s):			