



Notice of Arbitration Form

A) Parties

Plaintiff:

Firm: _____	Name: _____	First Name: _____
Address: _____	Post Code: _____	City: _____
Tel. Nr.: _____	Fax Nr.: _____	e-mail: _____

Attorney:

Firm: _____	Name: _____	First Name: _____
Address: _____	Post Code: _____	City: _____
Tel. Nr.: _____	Fax Nr.: _____	e-mail: _____

Defendant:

Firm: _____	Name: _____	First Name: _____
Address: _____	Post Code: _____	City: _____
Tel. Nr.: _____	Fax Nr.: _____	e-mail: _____

B) Application / claim

Claims for money must be specified (i.e. precise amount)

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C) Reasons for application / claim

(please use additional pages if necessary)

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D) Arbitration clause / arbitration agreement

Did the parties include an arbitration clause in their contract? yes no
If yes, please enclose

Did the parties conclude an arbitration agreement in writing yes no
If yes, please enclose

E) Enclosures

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Contract | <input type="checkbox"/> Arbitration clause / agreement |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Place, Date _____ Signature _____

Please note that based on Art. 38 sec. 1 of the SGO Arbitration Rules a registration fee must be paid before submitting any Notice of Arbitration to SGO Swiss Permanent Organisation of Arbitration. Its rate depends on the respective amount in dispute. Please contact SGO Office in case you need support.

Submit to: SGO Swiss Permanent Organisation of Arbitration, P.O.Box 3277, 8021 Zürich
Bank: UBS, Bahnhofstr. 72, 8098 Zurich, IBAN Nr. CH71 0020 6206 2700 5101 R