

Mediation is a non-binding process. The mediator assists the parties in working out a solution that is acceptable to them. If you would like the **BCDR-AAA** to contact the other parties to determine whether they wish to mediate this matter, please check this box . There is no additional administrative fee for this service.

CLAIMANT * Indicates REQUIRED information; all other as applicable.

Last Name*	<input type="text"/>	First*	<input type="text"/>	Middle	<input type="text"/>
Nationality	<input type="text"/>	Address*	<input type="text"/>		
City*	<input type="text"/>	Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>		
Mobile	<input type="text"/>	E-Mail	<input type="text"/>		

REPRESENTATIVE 1 Please complete as required (Attach additional sheets if required.)

Last Name*	<input type="text"/>	First*	<input type="text"/>	Middle	<input type="text"/>
Firm	<input type="text"/>				
Nationality	<input type="text"/>	Address*	<input type="text"/>		
City*	<input type="text"/>	Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>		
Mobile	<input type="text"/>	E-Mail	<input type="text"/>		

The named claimant, a party to an arbitration agreement contained in a written contract, dated (DD/MM/YY) [REDACTED] providing for arbitration under the:

- BCDR-AAA Arbitration Rules
- Procedures for Cases under the UNCITRAL Arbitration Rules
- Other (please specify) [REDACTED]

hereby demands arbitration.

Nature of the Dispute (attach additional sheets, if required) [REDACTED]

The Claim or Relief Sought (the amount, if any) [REDACTED]

Type of Business:

Claimant [REDACTED]

Respondent [REDACTED]

Claimant's Request:

No. of Arbitrators [REDACTED]

Place of Arbitration [REDACTED]

Language [REDACTED]

You are hereby notified that copies of our arbitration agreement and this NOTICE are being filed with the Bahrain Chamber for Dispute Resolution at its Diplomatic Area, Manama, Bahrain location, with a request that it commence administration of the arbitration. Under the rules, you may file a Statement of Defense within the time specified in the rules after notice from the administrator.

RESPONDENT * Indicates REQUIRED information; all other as applicable.

Last Name*	<input type="text"/>	First*	<input type="text"/>	Middle	<input type="text"/>
Nationality	<input type="text"/>	Address*	<input type="text"/>		
City*	<input type="text"/>	Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>		
Mobile	<input type="text"/>	E-Mail	<input type="text"/>		

REPRESENTATIVE 1 Please complete as required (Attach additional sheets as required.)

Last Name*	<input type="text"/>	First*	<input type="text"/>	Middle	<input type="text"/>
Firm	<input type="text"/>				
Nationality	<input type="text"/>	Address*	<input type="text"/>		
City*	<input type="text"/>	Country	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>		
Mobile	<input type="text"/>	E-Mail	<input type="text"/>		

To begin proceedings, please send two copies of this demand **and the Arbitration Agreement**, with the filing fee as provided for in the rules, to BCDR-AAA. Send the original demand to the respondent.

Signature	<input type="text"/>	Date (DD/MM/YY)	<input type="text"/>
	(may be signed by a representative)		
Title	<input type="text"/>	Submit via email	