

# Dispute Resolution Service application form

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| **Service Required**  (Arbitration /Adjudication /Mediation /Expert) |  |
| **Applicant party** (name and contact details) |  |
| **Applicant’s representative** (name and contact details) |  |
| **Other party** (name and contact details) |  |
| **Other party’s representative** (name and contact details) |  |
| **Nature of dispute** (e.g. property claim) and issues to be resolved |  |
| **Administration Fee** – details of paying party (s) for invoice (default position is applicant, joint liability where parties agree)  Note - Please complete Sales Invoice Details below |  |
| Signed ……………………………………………  …………………………………………… | Date …………………………………………… |

# Sales Invoice Details

|  |  |
| --- | --- |
| **Company/Customer Name** |  |
| **Company Reg. No.** (if applicable) |  |
| **VAT Reg. No.** (if applicable) |  |
| **Registered/Main Address** |  |
| **Invoice Address** (if different to above) |  |
| **Telephone** |  |
| **Contact Name** |  |
| **Website** |  |
| **Other** |  |