

SUBMISSION FORM

I hereby submit the following dispute for resolution, under the rules of the Lagos Court of Arbitration (LCA).

(Name of the Submitting Party)

(Address of the Submitting Party)

(Email Address)

Procedure Selected:

Arbitration

- Standard Rules
- Expedited Rules
- Small Claims

Mediation

- Standard Guidelines
- Expedited Guidelines

Others

- Med/Arb
- Adjudication
- Expert Determination

The Dispute Resolution Procedure is to be administered by LCA?

Yes

No

Attached copy of Agreement in Dispute?

Yes

No

Nature of Dispute (attach additional sheets if necessary):

Amount of Monetary Claim or Nature of Non Monetary Claim:

(Name of the Respondent)

(Address of the Respondent)

(Email Address)

(Telephone/Mobile Number)

I hereby agree that I will abide by the rules of the LCA

(Signature of the Submitting Party)

(Date)

FOR OFFICIAL ONLY:

- Non-refundable administrative fee received

YES.

NO

- Creation of File completed?

YES

NO

REMARKS:
