

Case. No.
Session No.

Reg. No.

Case Registration Form

GENERAL INFORMATION		
PARTIES	CLAIMANT	RESPONDENT
NAMES OF PARTIES/BUSINESS		
ADDRESS		
LEGAL REPRESENTATIVES		
CONTACT PERSONS		
TELEPHONE		
CELL PHONE		
EMAIL		
FAX		

CASE INFORMATION	
INDUSTRY	MATTER OF DISPUTE
CLAIM VALUE	AWARD VALUE
NATURE OF BOOKING <input type="checkbox"/> ARBITRATION <input type="checkbox"/> MEDIATION <input type="checkbox"/> OTHERS (Please Specify)	
BIAC RULES <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name(s) of Arbitrator(s)/ Mediator(s)	

Number or persons likely to attend _____

Dates & rooms required :

Dates:						
Time Room	Morning Session			Evening Session		
Arbitration Room						
Consultation room (6seat)						
Consultation room (9seat)						
Arbitration Package						

Rooms are also available beyond normal office hours, by prior arrangement.

Other requirements, please specify _____

Signature _____

Date _____

* Please fax or email completed form to +8802 55138095
or info@biac.org.bd & biac.org.bd@gmail.com