

Case. No.	<b>Room Booking Form</b>	Reg. No.
Session No.		

GENERAL INFORMATION		
PARTIES	CLAIMANT	RESPONDENT
Names of Parties		
Names of Counsels		
Contact Numbers		
E-mails		
Name of Secretary to Tribunal with Contact number and email		
Room Booked	<input type="checkbox"/> Arbitration 1 (25–30 seats) <input type="checkbox"/> Arbitration 2 (15-20 seats) <input type="checkbox"/> Consultation 1 (6 seats) <input type="checkbox"/> Consultation 2 (6 seats) <input type="checkbox"/> Board Room (9 seats) <input type="checkbox"/> Library (7 seats)	
Session	Hearing Date:	<input type="checkbox"/> Morning <input type="checkbox"/> Evening

CASE INFORMATION	
Matter of Dispute	Claim Value =
Nature of Booking: <input type="checkbox"/> Arbitration <input type="checkbox"/> Mediation <input type="checkbox"/> Others (Please Specify)	
Name(s) of Arbitrator(s)/ Mediator(s)	

Number or persons likely to attend \_\_\_\_\_ Other requirements, please specify \_\_\_\_\_

Signature \_\_\_\_\_ Booking Date \_\_\_\_\_