



FORM 2

DMDC NO:

SUBMISSION FORM

I/We-----
(Name of submitting individual or company)

of-----
(Address)

In a dispute with-----
(Name of other party)

DO HEREBY SUBMIT THE DISPUTE WITH THE ABOVE NAMED FOR:

- MEDIATION
 ARBITRATION
 EARLY NEUTRAL EVALUATION
 ANY PROCESS RECOMMENDED (Please tick one)

(Attach a brief Statement of issues (4 copies) with the most relevant documents)

Name of submitting party:-----

Name of Principal Contact:-----

Designation:-----

Address:-----

Tel. No. -----E-mail-----

Name of Attorney/firm (if any):-----

Dated:

Signature/Seal of Submitting Party:-----