

GIBRALTAR FA – NATIONAL DISPUTE RESOLUTION CHAMBER

CLAIM FORM

This form must be completed in English and signed by the claimant or their representative. Any submissions which are incomplete, unsigned or signed by an unauthorised representative shall be returned to their sender. If any prescribed time limits are not observed, the NDRC may not consider the claim.

Date

Claimant(s) full name(s) (surname, all given names), address(es) and e-mail address(es)

Claimant(s) representative(s) full name(s) (surname, all given names), address(es) and e-mail address(es) and capacity of representative(s)

Brief details of the claim

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This should be a brief account of the facts, legal basis for claim, details of evidence in support of claim. If relevant, please attach any contracts and/or other relevant evidence.

Value of claim

Details of any monetary value claimed

Statement of Truth

*(I believe)(The claimant believes) that the facts stated in this submission are true.
* I am duly authorised by the claimant to sign this statement

Full name _____

Name of claimant’s representative firm _____

Signed _____ position or office held _____
*(claimant) (if signing on behalf of firm)
(claimant’s legal representative)

**delete as appropriate*