

Claimant (please inform full qualification of at least one of the Claimants):

Name/Company Name:

Claimant 's Council:

Law Firm (optional):

Council(s) or Representative (mandatory):

Phone number

(mandatory):

Address to receive communications

regarding the arbitral proceeding (mandatory):

Emails to receive communications regarding the arbitral proceeding – max. of 10 emails (mandatory):

Is there a third-party funder involved:

Yes  No

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## PAYMENT PROCESSING INFORMATION

In compliance with item 8 of the Arbitration Rules, we kindly request that you fill in the information below on behalf of the person responsible for the payment of the administrative fees (law firm or party) so that we can register you and issue the payment slip for initiating the arbitral proceeding, as well as future payment slips referring to the administrative fees and arbitrator's fees.

In the case of multiparty arbitration, we advise you to indicate at least two names.

Estimated amount in dispute (mandatory)

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## LEGAL ENTITY REGISTRATION

If any of the answers do not apply to the specific case, please complete with "N/A".

Company name (mandatory):

Full address (mandatory):

CNPJ (mandatory):

State Registration (mandatory):

Municipal Registration (mandatory):

Is it a public entity:

Yes  No

Is it an investment fund:

Yes  No

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## INDIVIDUAL REGISTRATION

If any of the answers do not apply to the specific case, please complete with "N/A".

Full name (mandatory):

CPF (mandatory):

Date of birth (mandatory):

Full address (mandatory):