

REF.: CAM DIGITAL
FILE A REQUEST FOR JOINDER
OF PARTIES

Number of the arbitral proceeding:			
Name of the third party (alone informs fall available			
Name of the third party (please inform full qualification)	ation of at least one of the third parties):		
Name/Company Name:			
Respondent'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):	the district proceeding. That, or to		
Is there a third-party funder involved:			
Yes No			
PAYMENT PROCESSIN	NG 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.	
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):			
(managery)			
CNPJ (mandatory):	State Registration (mandatory):		
(manadery).	Traction (managing).		
Municipal Degistration ()			
Municipal Registration (mandatory):			
Is it an investment fund: Yes No	Is it a public entity: Yes No		
INDIVIDUAL REGISTRATION			
If any of the answers do not apply to the specific case, please complete with "N/A".			
	ne case, piease complete with MA.		
Full name (mandatory):			

Date of birth (mandatory):

CPF (mandatory):

Full address (mandatory):