

ADRC-IIROC Arbitration Program

Notice of Arbitration

Return the completed form with the signed Memorandum of Agreement to Arbitrate and the non-refundable filing fee of \$508.50 (\$450.00 plus \$58.50 (13% HST)) to:

ADR Chambers
IIROC Program Administrator
112 Adelaide Street East
Toronto, ON M5C 1K9

Name of Client ("Claimant"): _____

Occupation: _____

Address: _____

Telephone: Home _____ Office _____ Mobile: _____

Fax: _____

Email: _____

Name of agent or authorized representative, including legal counsel (if any):

Address: _____

Telephone: _____ Fax: _____ Email: _____

Name of Brokerage Firm ("Respondent"): _____

Name of Contact Person at the Firm: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

When did the dispute originate/occur? _____

What steps have you taken to try to resolve the dispute with the brokerage firm? (Please attach documentation, copies of correspondence etc.)

What is the amount of your claim? _____

Describe the nature/subject matter of your dispute (use additional pages as required):

(Please attach any supporting documents and information)

I hereby give Notice of Arbitration pursuant to sections 3.1 and 3.2 of the Rules of Procedure of the ADRC-IIROC Arbitration Program.

Name (please print) _____

Signature _____

Date _____