**Request for Arbitration**

To the

COIA – Court of Innovative Arbitration  
Agnesstr. 14  
80798 Munich  
Germany  
E-mail: [**info@coia.org**](mailto:info@coia.org)

Date:

**The Claimant(s)**

|  |  |  |
| --- | --- | --- |
| Name of the Claimant: |  | *[2nd Claimant, if applicable]* |
| Contact Person: |  |  |
| Full Address: |  |  |
| Telephone: |  |  |
| Facsimile: |  |  |
| E-Mail: |  |  |

Counsel (if applicable, Power of Attorney attached hereto as **Exhibit C1**):

|  |  |
| --- | --- |
| Name: |  |
| Company: |  |
| Full Address: |  |
| Telephone: |  |
| Facsimile: |  |
| E-Mail: |  |

hereby request(s) that an arbitration be commenced against

**the Respondent(s)**

|  |  |  |
| --- | --- | --- |
| Name of the Respondent: |  | *[2nd Respondent, if applicable]* |
| Contact Person: |  |  |
| Full Address: |  |  |
| Telephone: |  |  |
| Facsimile: |  |  |
| E-Mail: |  |  |

Counsel (if applicable):

|  |  |
| --- | --- |
| Name: |  |
| Company: |  |
| Full Address: |  |
| Telephone: |  |
| Facsimile: |  |
| E-Mail: |  |

pursuant to the Arbitration Rules of the Court of Innovative Arbitration ("COIA") in force at the time of the filing of this Request for Arbitration.

The Claimant(s) and the Respondent(s) are parties to an arbitration agreement dated       according to which this dispute shall be submitted to the COIA (copy of the contract containing the arbitration clause attached as **Exhibit C2**).

# Facts



# Legal Arguments

# Request for Relief

1. Claimant(s) request(s):

# Evidence / Legal Authority

1. All documentary evidence on which the Claimant(s) intend(s) to rely has been referred to above and is attached hereto together with an index of exhibits. All witness testimony on which the Claimant(s) intend(s) to rely is attached hereto in the form of witness statements together with an index of witnesses.
2. All legal authority cited above is attached hereto together with an index of legal authorities.

# Request for Hearing *[not mandatory]*

1. The Claimant(s) request(s) that a hearing be held in this arbitration. The Claimant deems a hearing necessary for the following reasons:

# Costs

The Claimant(s) recognise(s) that the arbitration will not proceed until the non-reimbursable handling fee in accordance with Article 18.1 of the COIA Rules is received in the COIA bank account as follows:

Beneficiary: COIA GmbH

IBAN: DE72 5002 0200 0055 0050 37

BIC/Swift: BHFBDEFF500

Bank: BHF-BANK AG, Bockenheimer Landstraße 10, 60323 Frankfurt am Main

A copy of the bank transfer voucher is attached hereto as **Exhibit C3**.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name and Title in print:

**POWER OF ATTORNEY**

The undersigned hereby appoints

Mr. / Ms ..........................................................................  
[name(s) of representative(s)]

each individually to fully and generally represent the undersigned (including the right to grant sub-power of attorney) vis-à-vis third parties, public authorities and courts / courts of arbitration of all kind in the matter of

**[Claimant(s) vs. Respondent(s)]**

**before the Court of Innovative Arbitration (COIA)**

This power of attorney can be transferred and continues to be valid in case of death or legal incapacity of the undersigned. It shall include, but not be limited to, the authority to

* make and receive statements and declarations of any nature, in particular, to receive service of process,
* represent the undersigned in any litigation / arbitration as well as enforcement and ancillary proceedings,
* enter into settlement agreements, and
* accept on behalf of the undersigned money and other valuables.

.........................................................................................................

Place, Date

.........................................................................................................

Signature

.........................................................................................................

Name of the Undersigned in Print