



الغرفة المصرية للتحكيم التجاري الدولي

EGYPTIAN CHAMBER FOR INTERNATIONAL COMMERCIAL ARBITRATION

## APPLICATION FORM

**Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Qualification:** \_\_\_\_\_

**Job/Profession:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cellular:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Web address:** \_\_\_\_\_

**ADR experiences:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dear, General Director, ECICA.**

**Please accept this request to register my name on your arbitrators lists, and I adhere to all the provisions, rules, regulations and procedures in force in the Egyptian Chamber for International Commercial Arbitration and any of its amendments, and I adhere to provide any required documents on the academic and practical experience.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_