



Form: 109

COUNTER CLAIM FORM

Name, address, and phone numbers for
Respondent(s)

Telephone: _____ Fax: _____
Email: _____

Name, address, and phone number for
Claimant(s)

Telephone: _____ Fax: _____
Email: _____

COUNTER CLAIM

File Number: _____
(As given in Claim)

Filing Date: _____
(To be assigned by IIAM)

NOTICE TO CLAIMANT: A Counter Claim has been filed against you for money or other relief. You have thirty (30) days to serve the Respondent(s) and file with IIAM a written Response to the Counter Claim. If you Do Not serve the Respondent(s) and file with IIAM a written Response within 30 days, an Award may be entered against you.

Respondent(s) states:

(Attach additional sheets, if necessary)

Total Counter Claim Amount:

List Counter Claim Amount Rs. _____ *(In figures and words)*

List Interest Amount
(If requested) Rs. _____

List any other amount
(If requested) Rs. _____

Add the above figures Rs. _____ **TOTAL COUNTER CLAIM AMOUNT**



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Calculating the Filing Fee:

Use the **Total Counter Claim Amount** and then refer to **IIAM Fee Schedule** of IIAM Arbitration Rules.

List the Filing Fee Amount Rs. _____

Select the Method of Payment for the Filing Fee: Cheque Cash Draft

(In case of Cheque / Draft

Number and date of Instrument) _____

Arbitration Award:

Do you request that the Arbitration Award include recovery of filing fees, other fees and reasonable costs and expenses incurred during the arbitration process? Yes No

No

Representation Information:

If you are represented and want the Representative / Counsel to receive all correspondence, list the information below: (*Attach copy of authorisation*)

Representative's Name: _____

Designation: _____

Address: _____

Telephone: _____ Fax: _____ E-mail _____

Respondent's Affidavit:

I, _____, son/daughter of _____, aged ____ years, residing at _____, do solemnly affirm that the facts supporting the Counter Claim and the supporting documents are accurate and correct.

Respondent's Signature: _____ Date: _____