International Centre for Dispute Resolution

INTERNATIONAL CENTRE FOR DISPUTE RESOLUTION
The International Division of the American Arbitration Association

NOTICE OF INDEPENDENT REVIEW

Date: _____

To: Name (of the party on which this Notice is to be served) _____ **Nationality:** _____

Address: _____

City: _____ **State/Province:** _____ **Country:** _____ **Post Code:** _____

Telephone: _____ **Facsimile:** _____ **Email:** _____

Name of Representative: (if known) _____ **Name of Firm:** (if applicable) _____

Address: _____

City: _____ **State/Province:** _____ **Country:** _____ **Post Code:** _____

Telephone: _____ **Facsimile:** _____ **Email:** _____

The named claimant seeks this independent review in accordance with Article IV, Section 3 of the ICANN Bylaws. The claimant agrees that such Independent Review shall be conducted pursuant to the International Arbitration Rules ("Rules") of the International Dispute Resolution Procedures as supplemented per ICANN's Bylaws.

Nature of the Dispute: (attach additional sheets, if necessary) _____

The Claim or Relief Sought: (the amount, if any) _____

Type of Business: Claimant _____

Place of Review Requested: _____

You are hereby notified that copies of this NOTICE are being filed with the INTERNATIONAL CENTRE FOR DISPUTE RESOLUTION at Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhess, NJ 08043 email: casefiling@adr.org, with a request that it commence administration of an independent review. Under the rules, you may file a Statement of Defense within the time specified in the rules after notice from the administrator.

Name of Claimant: _____ **Nationality:** _____

Address: (to be used in connection with this case) _____

City: _____ **State/Province:** _____ **Country:** _____ **Post Code:** _____

Telephone: _____ **Facsimile:** _____ **Email:** _____

Name of Representative: (if known) _____ **Name of Firm:** (if applicable) _____

Address: _____

City: _____ **State/Province:** _____ **Country:** _____ **Post Code:** _____

Telephone: _____ **Facsimile:** _____ **Email:** _____

To begin proceedings, please send two copies of this notice of independent review, with the filing fee as provided for in the Rules, to the ICDR. Send the original notice to the respondent.

Signature (may be signed by a representative) _____ **Title:** _____ **Date:** _____

If you have any questions, please contact the International Centre for Dispute Resolution at 1.888.855.9575 or +1.212.484.4181 or visit our website at www.icdr.org.