

2. NAME OF THE TAXI ASSOCIATION / ENTITY (IF THE RESPONDED IS AN ASSOCIATION / ENTITY)

BUSINESS NAME/ASSOCIATION.....

REGISTRED NUMBER.....

BUSINESS ADDRESS.....

POSTAL ADDRESS.....

BUSINESS EMAIL ADDRESS.....

TELEPHONE/CONTACT NUMBERS.....

3. REASON FOR REQUEST FOR ALTERNATIVE DISPUTE RESOLUTION MECHANISM

NB: COMPLETE THE FOLLOWING BY ANSWERING EACH STATEMENT APPROPRIATELY: -
Use the space provided or write on a separate page and attach to the form.

1. Grounds: **REQUEST FOR ALTERNATIVE DISPUTE RESOLUTION MECHANISM** - must be set out in full as an Annexure marked **DRT/ARB - A1** and attached hereto.
2. Details **MUST** include the following.
 - 2.1 Nature of the dispute with material facts relied upon and Locus Standi (Legal Right).
 - 2.2 Relief sought from Alternative Dispute Resolution.
 - 2.3 Annexure of copies relied upon in support of the dispute facts.
 - 2.4 Details of other parties/Responded to the dispute; and
 - 2.5 Any other material fact/s to the dispute.

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