

File Number

ACT CIVIL AND ADMINISTRATIVE TRIBUNAL



**CONTRACT APPLICATION-
CIVIL DISPUTE**

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APPLICANT'S DETAILS	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
If a corporation: ACN/ABN Address of registered officer/public officer	
APPLICANT'S REPRESENTATIVES DETAILS (IF ANY)	
Name	
Address line 1	
Address line 2	
Telephone	Email: Fax:
RESPONDENT'S DETAILS	
Name	
Address line 1	
Address line 2	
If a corporation: ACN/ABN Address of registered officer/public officer	
Telephone	Email: Fax:

Details of dispute (set out the details of the contract and the dispute) *You MUST specify when the contract was made and when the dispute arose

Remedy sought (Please describe here the details of any orders you are seeking and also the details of any amounts that you seeking for compensation).

Amount	Reason claimed
	Fee for commencing proceedings
	Charges and out-of-pocket expenses
	Amount claimed in dispute
	AND INTEREST IS CLAIMED
	TOTAL AMOUNT OF APPLICATION

Applicant's signature		Date	
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