RURHEM ADR CENTRE
2ND FLOOR, 2ND EAST CIRCULAR ROAD
BENIN CITY

DISPUTE NO. RAC/

BETWEEN

Your Name(s)*

..... CLAIMANT

AND

Respondent Name(s)*

..... RESPONDENT

STATEMENT OF ISSUE

Please continue filling in the empty page given bellow

INTERESTS

Dated This Day of

Your Signature, initials or Thumb print

CLAIMANT

Address, Phone & e-mail

FOR SERVICE ON RESPONDENT

For filled space, please continue to fill in the empty page provided be

Start with the Box title you are filling

Box Title:

.....Continue filling