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| **C6955** | | | | | | | | | **Contract Number:** | | | | Type here | | | | |
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| To | Type here | | | | | | | | | NOD number | | | | | | Type here | |
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| Total no. of pages | | | | | | Type here | |
| Attention | | | | | Type here | | | | | | | | | | | | |
| Sender’s name | | | | | Type here | | | | | | | | | | | | |
| Sender’s phone number (if transmission errors) | | | | | Type here | | | | | | | | | | | | |
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| In accordance with Clause 11.1 of the General Conditions of Contract, I refer the dispute detailed below for your consideration: | | | | | | | | | | | | | | | | | |
| Type here | | | | | | | | | | | | | | | | | |
| Authorisation | | | | | | | | | | | | | | | | | |
| By the First Stage Referral Person | | | | | | | | | | | | | | | | | |
| Name/Position | | | | | | Signature | | | | | | | | Date | | | |
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| **Date of Receipt NOD** | | | | | | | | | | | | | | | Type here | | |
| **First Stage Referral** | | | | | | | | | | | | | | | | | |
| **Resolved on** | | Type here | | | | | **OR Referred to Second Stage on** | | | | | | | | | | Type here |
| **Second Stage Referral** | | | | | | | | | | | | | | | | | |
| **Resolved on** | | Type here | | | | | **OR Referred to Independent Expert on** | | | | | | | | | | Type here |
| Independent Expert | | | | | | | | | | | | | | | | | |
| Date of Decision | | | Type here | | | | | Resolved/Decided by | | | | Type here | | | | | |
| Name | | | | Signature | | | | | | | Name | | | | | | Signature |
| Type here | | | |  | | | | | | | Type here | | | | | |  |
| Decision details as follows: | | | | | | | | | | | | | | | | | |
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