|  |  |  |
| --- | --- | --- |
| **C6955** | **Contract Number:** | Type here |
|  |
| To | Type here | NOD number | Type here |
| Email/fax number | Type here |
| Total no. of pages | Type here |
| Attention | Type here |
| Sender’s name | Type here |
| Sender’s phone number(if transmission errors) | Type here |
| Date of NOD | Type here |
| 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 |
| Type here |  | Type here |
| **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: |
| Type here |